

16
52 3501BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3501
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jennie W. Klopfer</i>		2. DATE OF DEATH <i>Apr. 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-01</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2408 Linden Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 21, 1870</i>	9. AGE (In years last birthday) <i>81</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Penna.</i>	
13. FATHER'S NAME <i>Simon Weil</i>		14. MOTHER'S MAIDEN NAME <i>Clara Arnold</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-28, 1952</i> to <i>4-10, 1952</i> , that I last saw the deceased alive on <i>4-10, 1952</i> , and that death occurred at <i>535 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anne B. The Kusick</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/13/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. Hebrew Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		25. FUNERAL DIRECTOR <i>Chas. J. Lickner & Sons</i>		ADDRESS <i>Balto 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		VS 150 <i>52003499</i>	

UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

STAFF

CHIEF OF STAFF

ADJUTANT GENERAL
CHIEF OF STAFF
CHIEF OF STAFF
CHIEF OF STAFF

CHIEF OF STAFF

CHIEF OF STAFF
CHIEF OF STAFF
CHIEF OF STAFF

CHIEF OF STAFF
CHIEF OF STAFF
CHIEF OF STAFF

CHIEF OF STAFF
CHIEF OF STAFF
CHIEF OF STAFF

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE WRIGHT WALL

2. DATE
OF
DEATH

April 10, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-15

d. STREET ADDRESS (If rural, give location)

Methodist Home - 2211 Rogers Ave.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 11, 1879

9. AGE (in years

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Wall

14. MOTHER'S MAIDEN NAME

Carrie L Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

n

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

cerebral vascular

DUE TO

disease.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 3/22, 1952 to 4/10/1952 that I last saw the
deceased alive on 4/10/1952 and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Lulu B. Baskin

M. D.

Maryland General Hospital

4/10/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

4/12/52

Mt. Olivet Cem

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 11 1952

Huntington Williams, Jr.

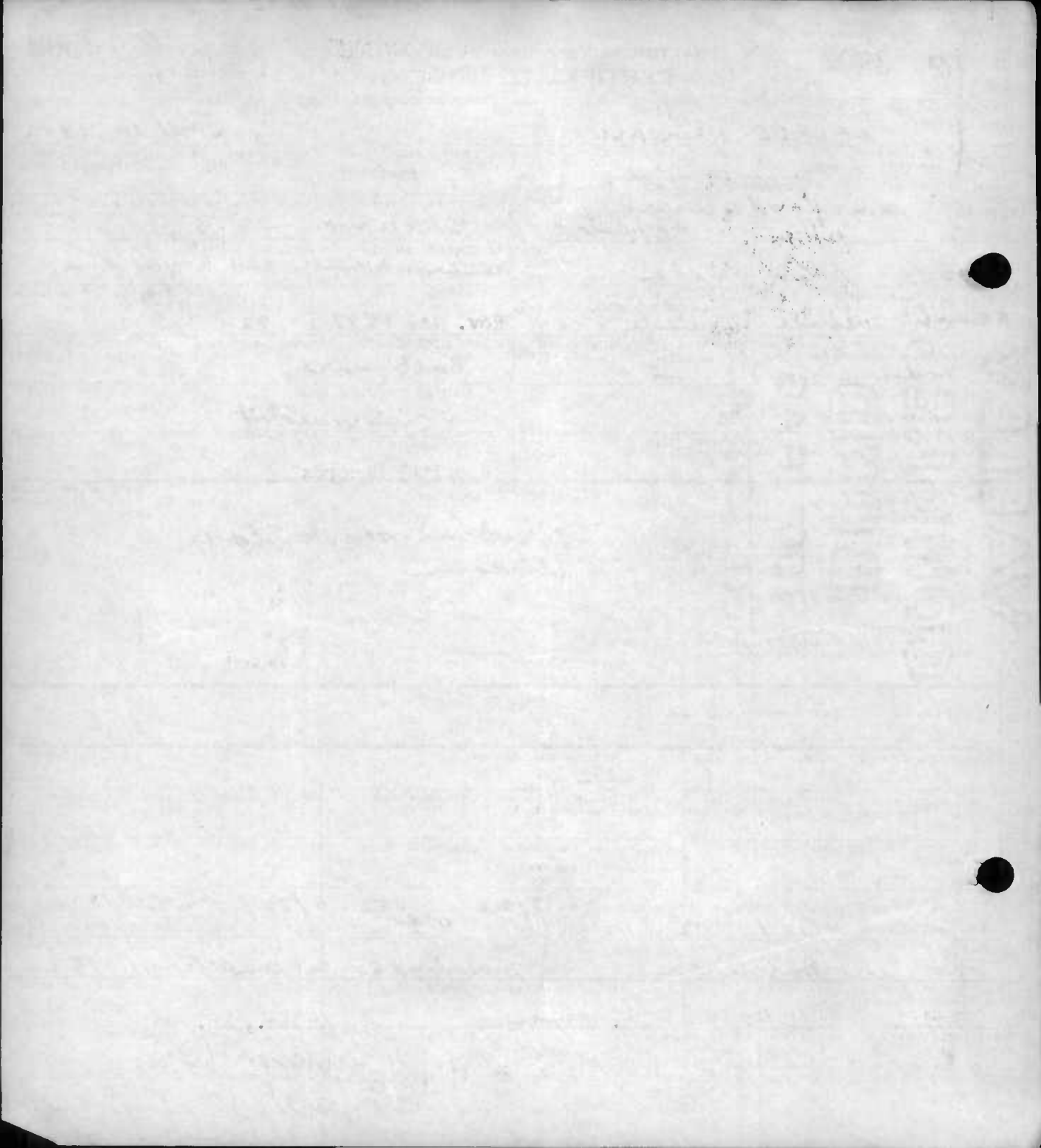
J. J. Tinkner & Sons

VS 150

3500

Balto 17, Md.

MEDICAL CERTIFICATION



52 3503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3503
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY E. TUCKEY

2. DATE
OF
DEATH

April 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

4201 Glenmore Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Capt.

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Fire Dept.

13. FATHER'S NAME

Harry M. Tuckey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Aug. 13, 1900

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Wilhelmina Warner

17. INFORMANT

ADDRESS

Mrs. Mary E. Tuckey - 4201 Glenmore Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

4/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/11/52

Baltimore Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 11 1952

Huntington

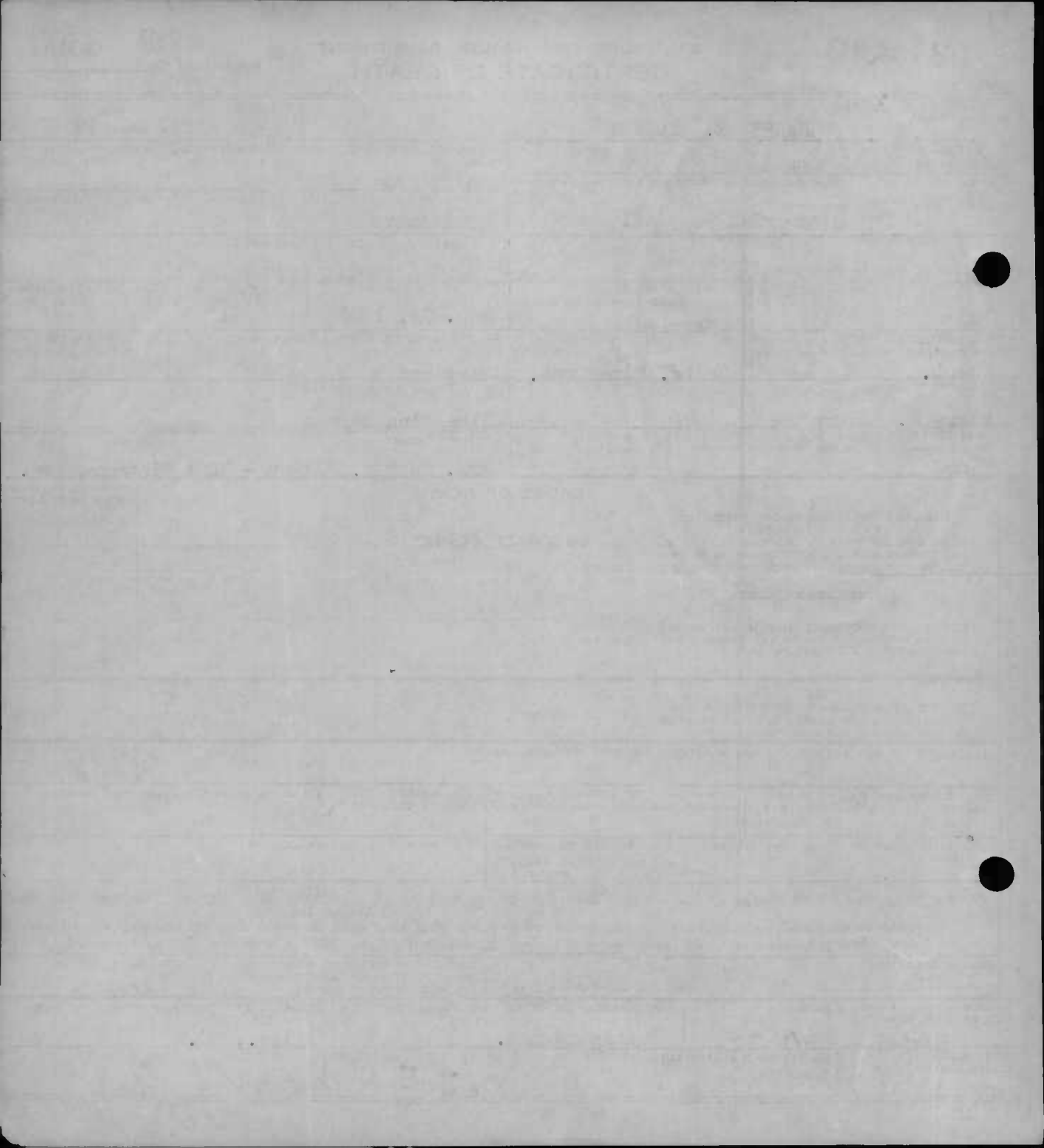
25. FUNERAL DIRECTOR

ADDRESS

VS 151

76293

Balto Md



52 3504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3504

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Gertrude Cahill</i>			2. DATE OF DEATH <i>4/11/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>125 Edgewood Rd 5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Apr. 24 - 1905</i>		9. AGE (In years, last birthday) <i>44</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Greenwich, Conn.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George W. Cahill</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Flynn</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Husband</i> ADDRESS <i>Same</i> ✓		

18. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary edema</i>	CAUSE OF DEATH (A) <i>Pulmonary edema</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Rheumatic heart disease</i>	(B) <i>Rheumatic heart disease</i> DUE TO	<i>? years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/11/52*, 19__, to *4/11/52*, 19__, that I last saw the deceased alive on *4/11/52*, 19__, and that death occurred at *4:32 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE
Alfred S. Nelson M. D.

23B. ADDRESS
Union Memorial Hosp. Baltimore, E. Maryland

23C. DATE SIGNED
April 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 15, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Paul's Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Princeton, N.J.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John Burns Sons, Towson, Md.</i> ADDRESS	

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS

RECEIVED

AT LARGE

WIFE

WIFE

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

100

52 3505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3505
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH SEBASTIAN SCHEVE			2. DATE OF DEATH April 10, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE Maryland b. COUNTY Baltimore before admission)		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co. 5300		
c. Length of stay in Baltimore life			d. STREET ADDRESS (If rural, give location) 101 McCormack Avenue - 6		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN 8 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY R.R. Exp. Agency		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME HENRY SCHEVE			14. MOTHER'S MAIDEN NAME MARY A GAUGES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 714-03-4061		
17. INFORMANT LORETTA A. SCHEVE			ADDRESS 101 MCCORMACK AVE		

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction & congestive failure	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Coronary arteriosclerosis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Unhardened arteriosclerosis	

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1952 to April 10, 1952, that I last saw the deceased alive on April 10 1952, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE C. P. Coffey Jr.	23b. ADDRESS 1400 N. Caroline Street - 13	23c. DATE SIGNED 4-10-52
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 14-52	24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL CEM.	24d. LOCATION (City, town, or county) (State) OLD FREDERICK RD MD
DATE RECEIVED BY LOCAL REGISTRAR APR 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Goodall Bros. 7110 BELAIR RD.	

3002

RECEIVED

3002

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

10/10/1952

432
52 3506

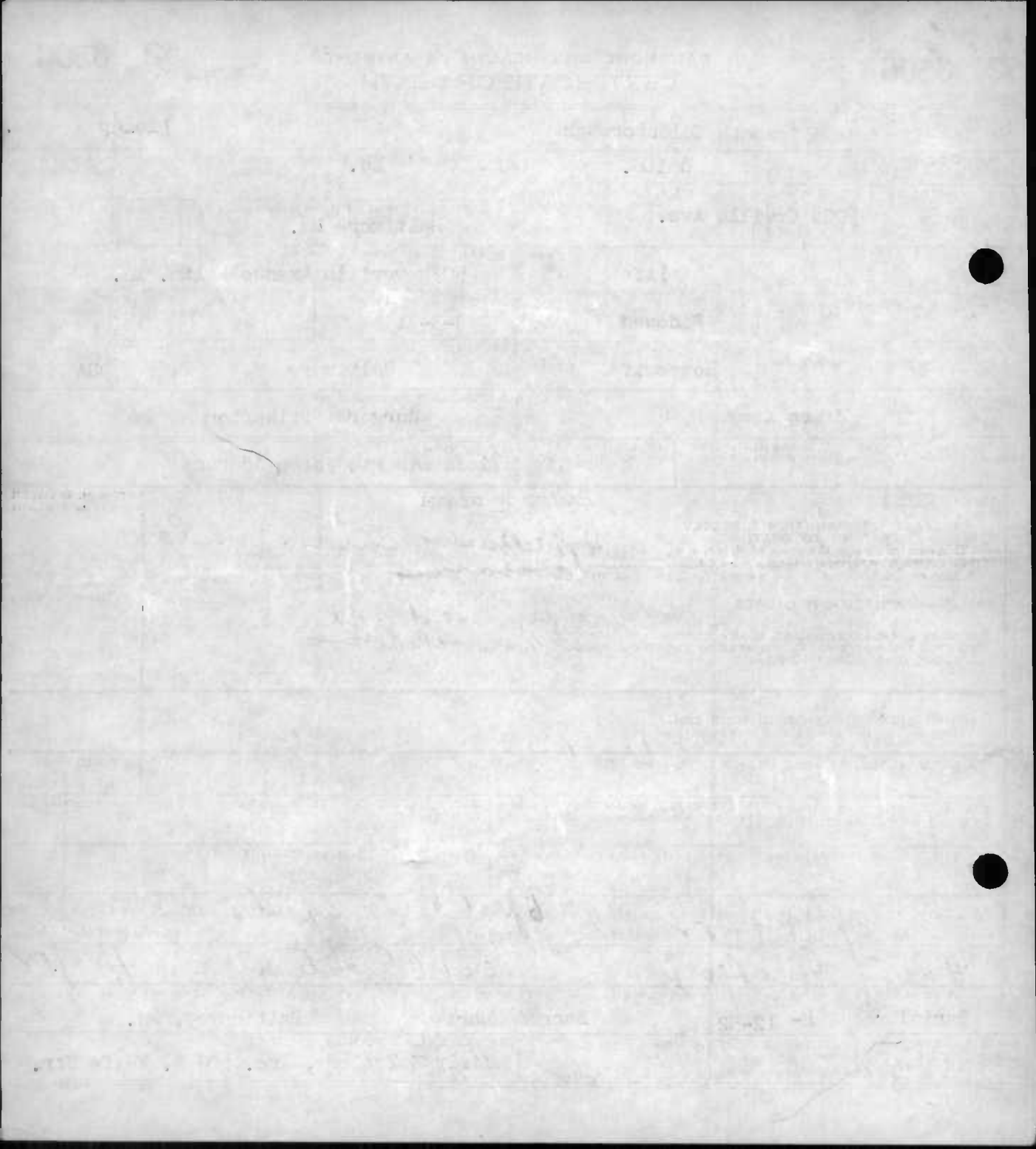
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3506

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Elizabeth Goldsborough		2. DATE OF DEATH 4-9-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5028 Orville Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5038 Orville Avenue Balto. Md.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-3-71	9. AGE (In years last birthday) 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME James King		14. MOTHER'S MAIDEN NAME Margaret Pilkerton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Viola Liberto same Address	

MEDICAL CERTIFICATION

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardio vascular disease DUE TO (A) advanced age (B) arterio sclerosis (C) arterio sclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH Hypertensive cardio vascular disease advanced age arterio sclerosis			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 6, 1952 , to April 8, 1952 , that I last saw the deceased alive on April 8, 1952 , and that death occurred at m. , from the causes and on the date stated above.								
23A. SIGNATURE Harry Greber			23B. ADDRESS 6006 Eastern a			23C. DATE SIGNED 4/10/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-12-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart		24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		ADDRESS 403 S. Wolfe Str.		



256
52 3507
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3507

1. NAME OF DECEASED (Type or Print) ROLAND B. WISNER.		2. DATE OF DEATH APRIL 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13008	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3849 QUARRY AVE.		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3849 Quarry Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH March 20, 1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10B. KIND OF BUSINESS OR INDUSTRY Bainbridge, Md.	9. AGE (In years last birthday) 41
13. FATHER'S NAME James Wisner.		11. BIRTHPLACE (State or foreign country) Maryland.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-07-480	12. CITIZEN OF WHAT COUNTRY? U.S.
14. MOTHER'S MAIDEN NAME Goldie Sullivan.		17. INFORMANT Virgie M. Wisner	
19. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma Lower Bowel (Jan 1950)		18. CAUSE OF DEATH (A) (Rectum) DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION NOV 19, 1951		19B. MAJOR FINDINGS OF OPERATION Ca Rectum	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 50 , to 4-9 , 19 52 , that I last saw the deceased alive on 4/9 , 19 52 , and that death occurred at 8 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Lawrence H. Homan		23B. ADDRESS 3711 Zella Rd	
23C. DATE SIGNED 4-10-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr 12/52	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park		24D. LOCATION (City, town, or county) (State) Windsor Mill Rd Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Donovan		ADDRESS 3818 Roland Ave	

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Charles D. Wilson

1927

DATE OF DEATH

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

Signature

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

DEATH OF A PERSON
This is to certify that the person named above
has died at the place and on the date above stated.
The cause of death is as stated above.

220
52 3508
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

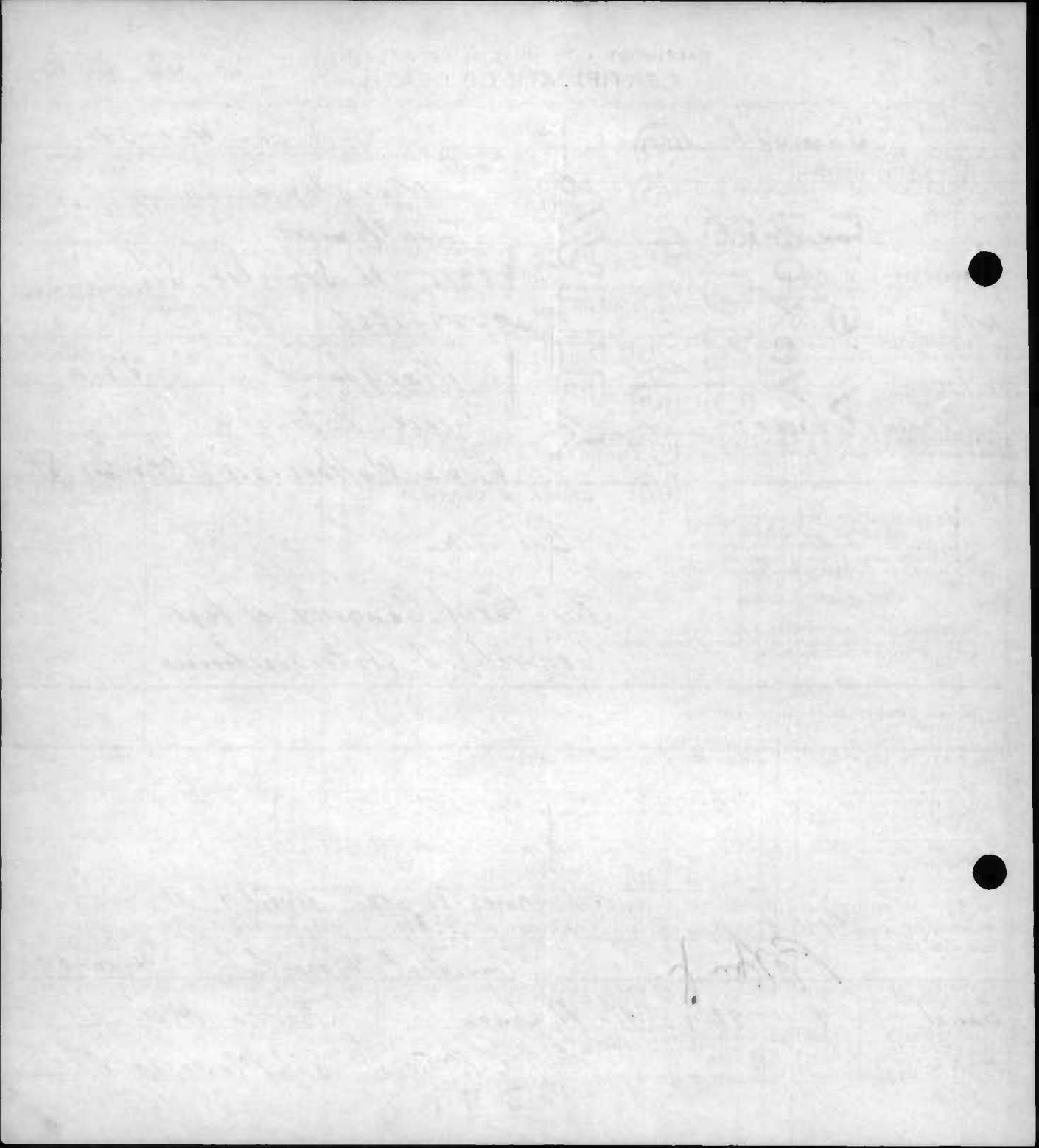
Registered No. 52 3508

1. NAME OF DECEASED (Type or Print) <i>Samuel Lucas</i>			2. DATE OF DEATH <i>4-1-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>16-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1216 N. Stricker St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-29-1864</i>	9. AGE (In years last birthday) <i>88</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Thomas Lucas</i>			14. MOTHER'S MAIDEN NAME <i>Grace Robinson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Elvera Walters 1216 N. Stricker St.</i>		

18. <i>450 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Leukemia</i> DUE TO <i>Bilateral Gangrene of legs</i> DUE TO <i>Generalized Atherosclerosis</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 25, 1952</i> , to <i>April 1, 1952</i> , that I last saw the deceased alive on <i>April 1, 1952</i> , and that death occurred at <i>7:25 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>4-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-11-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>14th Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>C. R. New 802 Madison Ave</i>			

DATE RECEIVED BY LOCAL REGISTRAR
APR 12 1952REGISTRAR'S SIGNATURE
*[Signature]*VS 150
03506



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3509**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM BARTEE			2. DATE OF DEATH April 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 831 Madison Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/10/07		9. AGE (in years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Cinder Yard	11. BIRTHPLACE (State or foreign country) Buckingham Co., Va.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME William Bartee, Sr.			14. MOTHER'S MAIDEN NAME Joanna Hill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-03-2706	17. INFORMANT ADDRESS Bertha Ford Bartee, 831 Mad., Ave.		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES (B) _____ DUE TO _____		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. Lord</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED April 10, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS Charles R. Law, 802 Madison Ave.



TO : DIRECTOR, CENTRAL INTELLIGENCE AGENCY
FROM : [Illegible]
SUBJECT : [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

CERTIFICATE CORRECTED 5/21/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3510

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sheila (Leadingham) Fairchild		2. DATE OF DEATH 4-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04	
C. Length of stay in Baltimore 6 yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) (908 Jack St. City 25)	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 12, 1940
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 11 yrs. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME John L. Leadingham (D) Fairchild		14. MOTHER'S MAIDEN NAME Edna Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Records Baltimore City Hospitals 4940 Eastern Ave.		12. CITIZEN OF WHAT COUNTRY?	

18. 590X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure (A) DUE TO Acute glomerulonephritis (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-9		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-9 , 19 52 , to 4-10-52 , 19 52 , that I last saw the deceased alive on 4-10- , 19 52 , and that death occurred at 5:00P m., from the causes and on the date stated above.				
23A. SIGNATURE J. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 4-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) olive Hill Ky
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS J. J. Fahy & Sons	

VS 150

1 0 5 2 0 0 0 3 5 0 0

MEDICAL CERTIFICATION

See Document File 52-3510

5/21/52 ES

163

Shepherd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3511

BIRTH NO. 52-03497

1. NAME OF DECEASED (Type or Print) <i>Shepherd</i>		2. DATE OF DEATH <i>7/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Cockeysville 5300</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1500 Ashland Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec 31 - 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>49</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>MD, Balto city</i>	
13. FATHER'S NAME <i>Joseph Coy Shepherd</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMATION		ADDRESS <i>same</i>	

18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Bronchitis</i>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/11/52</i> , 19__, to __, 19__, that I last saw the deceased alive on <i>4/11/52</i> , 19__, and that death occurred at <i>5:30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harvey S. Green, Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>4-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>4-14-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Poplar Grove</i>	
24D. LOCATION (City, town, or county) (State) <i>Cockeysville, Md</i>		25. FUNERAL DIRECTOR <i>L. Scott Brooks, Sparks, Md.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			

Needle to the Brook, Sparks Md

300
52 3512BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3512

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James V. Beattie		2. DATE OF DEATH April 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3408 W. Franklin St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs.		D. STREET ADDRESS (If rural, give location) 3408 W. Franklin St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH March 15, 1886-86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Plasterer		11. BIRTHPLACE (State or foreign country) Ireland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Beattie		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. James Beattie		ADDRESS 3408 W. Franklin	

18. 4500 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO CAUSE OF DEATH Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 20 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January 1952** to **April 1952**, that I last saw the deceased alive on **April 7, 1952** and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE
Morris W. Steinberg M. D.

23B. ADDRESS
410 N. Hilton St.

23C. DATE SIGNED
April 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
April 12/52

24C. NAME OF CEMETERY OR CREMATORY
Western

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
APR 12 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Edmondson

ADDRESS
4101 Edmondson Ave.

10-12

6-8

Mrs. B. Stenberg

416 N. 1st St.

No. 4343.

6 med. Exam Case Release to Hospital to be Appr.
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3513

BIRTH NO. 52 3513

1. NAME OF DECEASED (Type or Print) *Wanda Sedford*

2. DATE OF DEATH *Apr. 11, 1952*

3. PLACE OF DEATH:
a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission
a. STATE *Md*
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)
1814 E Baltimore St

5. SEX *Female*

6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Single*

8. DATE OF BIRTH *Feb 19, 1939*

9. AGE (In years last birthday) *12*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *ROSSVILLE, GA.*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Charles*

14. MOTHER'S MAIDEN NAME *Beatrice Gregg*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

18. *E 916.01*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Burns, 3rd degree, 40%+

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CERTIFICATION APPROVED BY
William J. [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION *4/8/52*

19b. MAJOR FINDINGS OF OPERATION *Wound Infection*

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) *home*

21c. WHERE DID INJURY OCCUR? *1814 E. Baltimore St.*

21d. TIME (Month) (Day) (Year) (Hour) INJURY *2 12 52* m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? *Clothes caught fire*

22. I hereby certify that I attended the deceased from *2-12*, 19*52* to *4-11*, 19*52* that I last saw the deceased alive on *4-11*, 19*52*, and that death occurred at *9:00P* m., from the causes and on the date stated above.

23a. SIGNATURE *Wanda Cloutier* M.D.

23b. ADDRESS *JOHNS HOPKINS HOSPITAL*

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) *4/15/52 BURIAL*

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY *TENNESSEE MEMORIAL GEORGIA*

24d. LOCATION (City, town, or county) (State) *ROSSVILLE, GA.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 21 1952*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR *Wm. J. [Signature]* ADDRESS *Badley, Norfolk, Md*

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Informant		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Pathologist		15. Signature of Forensic Scientist		16. Signature of Toxicologist	
17. Signature of Anatomist		18. Signature of Radiologist		19. Signature of Microscopist		20. Signature of Histologist	
21. Signature of Pathologist		22. Signature of Forensic Scientist		23. Signature of Toxicologist		24. Signature of Anatomist	
25. Signature of Radiologist		26. Signature of Microscopist		27. Signature of Histologist		28. Signature of Pathologist	
29. Signature of Forensic Scientist		30. Signature of Toxicologist		31. Signature of Anatomist		32. Signature of Radiologist	
33. Signature of Microscopist		34. Signature of Histologist		35. Signature of Pathologist		36. Signature of Forensic Scientist	
37. Signature of Toxicologist		38. Signature of Anatomist		39. Signature of Radiologist		40. Signature of Microscopist	
41. Signature of Histologist		42. Signature of Pathologist		43. Signature of Forensic Scientist		44. Signature of Toxicologist	
45. Signature of Anatomist		46. Signature of Radiologist		47. Signature of Microscopist		48. Signature of Histologist	
49. Signature of Pathologist		50. Signature of Forensic Scientist		51. Signature of Toxicologist		52. Signature of Anatomist	
53. Signature of Radiologist		54. Signature of Microscopist		55. Signature of Histologist		56. Signature of Pathologist	
57. Signature of Forensic Scientist		58. Signature of Toxicologist		59. Signature of Anatomist		60. Signature of Radiologist	
61. Signature of Microscopist		62. Signature of Histologist		63. Signature of Pathologist		64. Signature of Forensic Scientist	
65. Signature of Toxicologist		66. Signature of Anatomist		67. Signature of Radiologist		68. Signature of Microscopist	
69. Signature of Histologist		70. Signature of Pathologist		71. Signature of Forensic Scientist		72. Signature of Toxicologist	
73. Signature of Anatomist		74. Signature of Radiologist		75. Signature of Microscopist		76. Signature of Histologist	
77. Signature of Pathologist		78. Signature of Forensic Scientist		79. Signature of Toxicologist		80. Signature of Anatomist	
81. Signature of Radiologist		82. Signature of Microscopist		83. Signature of Histologist		84. Signature of Pathologist	
85. Signature of Forensic Scientist		86. Signature of Toxicologist		87. Signature of Anatomist		88. Signature of Radiologist	
89. Signature of Microscopist		90. Signature of Histologist		91. Signature of Pathologist		92. Signature of Forensic Scientist	
93. Signature of Toxicologist		94. Signature of Anatomist		95. Signature of Radiologist		96. Signature of Microscopist	
97. Signature of Histologist		98. Signature of Pathologist		99. Signature of Forensic Scientist		100. Signature of Toxicologist	

453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3514
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARA BELL BALLANTINE		2. DATE OF DEATH APR 10 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4239 NICHOLAS AVE		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) AT HOME		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) BALTIMORE 26-07	
C. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 4239 NICHOLAS AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT 4 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 88
13. FATHER'S NAME KAUHN		12. CITIZEN OF WHAT COUNTRY? AMERICAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT MRS MARY HEIGER		ADDRESS 4239 NICHOLAS	
18. 4/10/52 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH sev. hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis C. V. D.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/15 , 1952, to 4/10 , 1952, that I last saw the deceased alive on 4/10 , 1952, and that death occurred at 2:20 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. Z. Banta		23B. ADDRESS 5829 Belair Rd	
23C. DATE SIGNED 4/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/14/52	
24C. NAME OF CEMETERY OR CREMATORY OAK LAWN		24D. LOCATION (City, town, or county) (State) COLGATE MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR ULORICA FUNERAL HOME		ADDRESS 2007 ORLEANS	

1000 52

RECEIVED 1000 52 1000 52 1000 52

RECEIVED 1000 52 1000 52 1000 52

1000 52

RECEIVED 1000 52 1000 52 1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

VALLEY
CONGRASS

BOND

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52

1000 52 1000 52 1000 52

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3515

BIRTH NO. 613

1. NAME OF DECEASED (Type or Print) JOHN C. TRIBETT		2. DATE OF DEATH April 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 116 S. Parkin Street		E. LENGTH OF STAY IN BALTIMORE 10 Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/10/1870
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George W. Tribett	
14. MOTHER'S MAIDEN NAME Lucy Johnston		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -	
16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Mrs Mary Hayes Parkin St.	

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley B. Ourlacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4/11/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY Green Haven Cem.	24D. LOCATION (City, town, or county) (State) Pitchee Hwy Md.	
25. FUNERAL DIRECTOR <i>Huntington Williams</i>		26. ADDRESS <i>John J. Bowman & Son 2011 St.</i>		

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

FILE 42

RECORDS OF THE DISTRICT COURT

1911

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3516**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret A. Riesett			2. DATE OF DEATH 4/11/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St Paul Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1119 Scott St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/9/1861		9. AGE (In years last birthday) 90
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John B. Riggan			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT Harry Riesett		
			ADDRESS 777 Cross St.		

18. 501X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Hypostatic Pneumonia			2 days
ANTECEDENT CAUSES		(B) Bronchitis	unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arteriosclerosis	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **4/7/52**, to **4/11/52**, 19**52**, that I last saw the deceased alive on **Apr. 9, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Geo W. Huntington	23B. ADDRESS 401 E. 25th. St. Balto. Md.	23C. DATE SIGNED 4/11/52.
--	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	24D. LOCATION (City, town, or county) (State) Ritchie Hwy. 98, Collins
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John J. Lyman	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3517**

325
2 3517
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles H. Hutchins			2. DATE OF DEATH Apr. 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Tha 2			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
c. Length of stay in Baltimore lifetime			D. STREET ADDRESS (If rural, give location) 1548 Carrawell St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sep. 6, 1900		9. AGE (In years last birthday) 51 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter		10B. KIND OF BUSINESS OR INDUSTRY A. E. Brown Co.	11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ROBERT B. HUTCHINS			14. MOTHER'S MAIDEN NAME ANNIE E. BROWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-12-9570	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOGENIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-10		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **4-1**, 19**52**, to **4-10**, 19**52**, that I last saw the deceased alive on **4-10**, 19**52**, and that death occurred at **6:55A** m., from the causes and on the date stated above.

23A. SIGNATURE R. Z. Wells	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 4/10/52
24A. BURIAL, CREMATION, REMOVAL (Specify) 4-18-52	24B. DATE 4-18-52	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER
24D. LOCATION (City, town, or county) (State) BELAIR RD. BALTO. MD	25. FUNERAL DIRECTOR Thurston J. Williams, 2343 Haverhill St.	

DATE RECEIVED BY LOCAL REGISTRAR
APR 12 1952

57424515

MEDICAL CERTIFICATION

UNIT 21

UNIT 21
STAGE 10

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

UNIT 21

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3518**

1. NAME OF DECEASED (Type or Print) <i>Bertha W. Dimling</i>		2. DATE OF DEATH <i>April 10/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-06</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2811 Frederick Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov 11/1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired School Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>80</i>
13. FATHER'S NAME <i>Leonard Dimling</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME <i>Justina St Louis</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Charles Linder 1034 E North Ave</i>	

<p>18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Coronary Occlusion</i></p> <p>QUE TO</p> <p>(B) <i>Cardio-Vascular Disease</i></p> <p>QUE TO <i>& Hypertension</i></p> <p>(C)</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><i>Sudden</i></p> <p><i>2 years</i></p>
--	---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <i>July 13, 1937</i> to <i>April 10, 1952</i> that I last saw the deceased alive on <i>4/5</i>, 19<i>51</i>, and that death occurred at <i>1:30</i> p. m., from the causes and on the date stated above.</p>					
23A. SIGNATURE <i>Charles W. Emerson</i>		23B. ADDRESS <i>3432 Judick Ave</i>		23C. DATE SIGNED <i>4/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 14/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
				24D. LOCATION (City, town, or county) (State) <i>Balto Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 12 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Nancy H. Armacost 4204 Ridgewood Ave</i>	

Dr E. W. Johnson
3432 Frederick Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3519
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kathrina Frey

2. DATE
OF
DEATH

April 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3709 Old York Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3709 Old York Road

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 29, 1877

9. AGE (In years last birthday)

74

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Wilhelm

14. MOTHER'S MAIDEN NAME

Kathrina Semmler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alvina Householder, 601 Register Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary Embolism

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arterio sclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/7/52**, 1952 to **4/9**, 1952, that I last saw the deceased alive on **4/9**, 1952, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Edward H. Hoff

M. D.

20404 Clearview

4/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/12/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 12 1952

VS 150

Huntington Williams, Jr. & Co.

1217 St. Paul Street

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.
OFFICE OF THE CHIEF VETERINARY MEDICAL OFFICER
DIVISION OF ANIMAL INDUSTRY
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

Form No. 1 (Rev. 1-15-17)

1. Name of Animal: _____

2. Sex: _____

3. Age: _____

4. Breed: _____

5. Color: _____

6. Markings: _____

7. Date of Birth: _____

8. Date of Examination: _____

9. Name of Owner: _____

10. Address: _____

11. City: _____

12. State: _____

13. Country: _____

14. Name of Veterinarian: _____

15. Address: _____

16. City: _____

17. State: _____

18. Country: _____

19. Name of Inspector: _____

20. Address: _____

21. City: _____

22. State: _____

630
52 3520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3520

BIRTH NO.

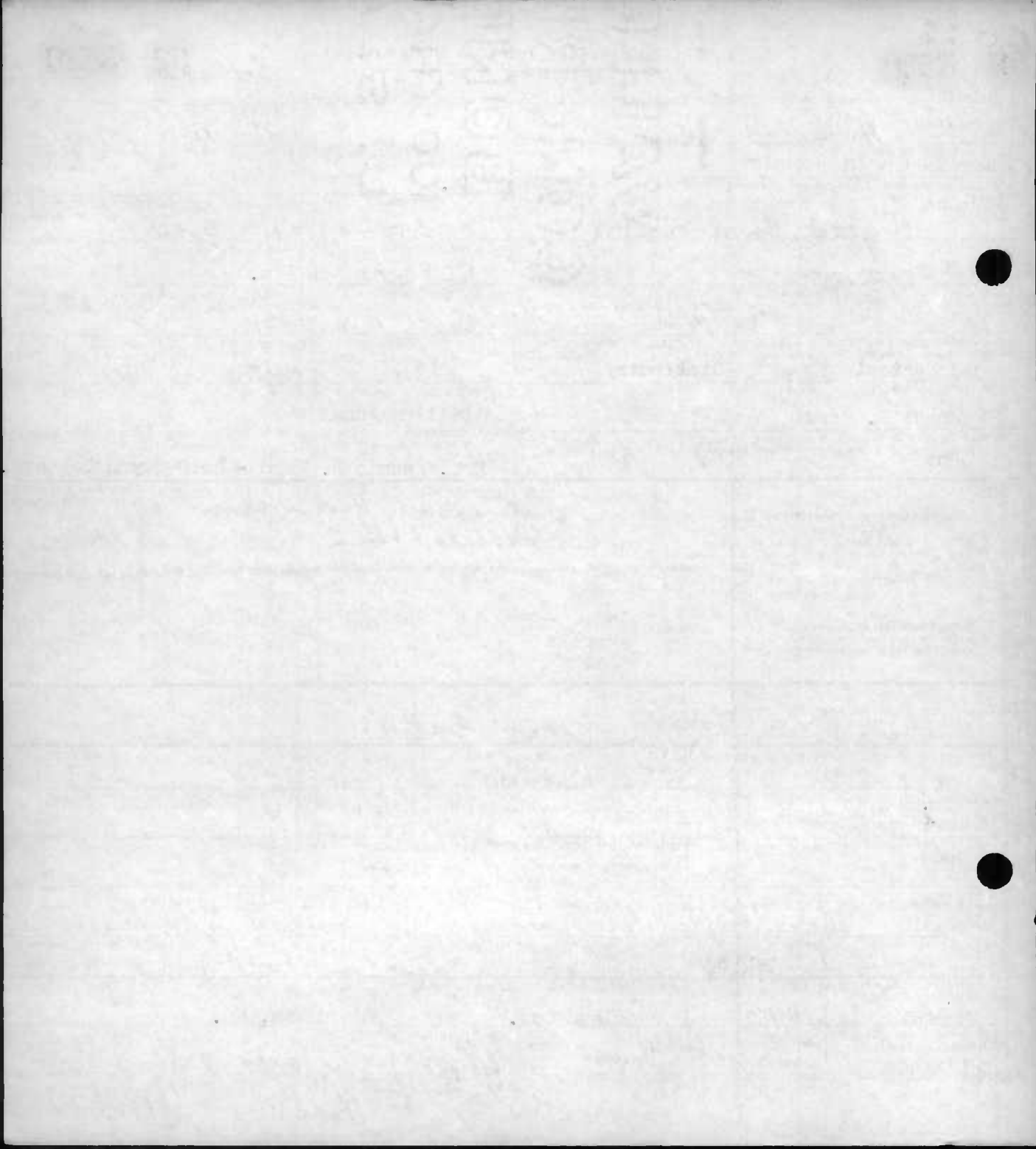
1. NAME OF DECEASED (Type or Print) <i>Arthur A Ward</i>			2. DATE OF DEATH <i>April 10, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital.</i>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore Md.</i>		
D. LENGTH OF STAY IN BALTIMORE Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>			D. STREET ADDRESS (If rural, give location) <i>4810 Gwynn Oak Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan 9, 1881</i>		9. AGE (In years last birthday) <i>71</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stationary</i>		11. BIRTHPLACE (State or foreign country) <i>USA - Maryland</i>	
13. FATHER'S NAME <i>James F. Ward</i>			14. MOTHER'S MAIDEN NAME <i>Lillian Adams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>none</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Jennie E. Ward - 4810 Gwynn Oak Ave.</i>	

18. <i>584X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anterior elastic Heart Disease</i> <i>Cholecholelithiasis</i>	CAUSE OF DEATH (A) <i>Anterior elastic Heart Disease</i> DUE TO (B) <i>Cholecholelithiasis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Heart Failure.</i>		

19A. DATE OF OPERATION <i>4-3-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cholecholelithiasis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4-1-1952</i> to <i>4-10-1952</i> , that I last saw the deceased alive on <i>4-10-1952</i> and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Frank D. Hunter</i>	23B. ADDRESS <i>Maryland Gen. Hospital.</i>	23C. DATE SIGNED <i>4-11-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>St. M. J. Vickers & Sons</i> <i>Beth 17, Md.</i>	

000 68



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3521**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER L. BURKE

2. DATE
OF
DEATH

April 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

234 N. Monastery Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

234 N. Monastery Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 16, 1892

9. AGE (in years last birthday)

59

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael E. Burke

14. MOTHER'S MAIDEN NAME

Margaret Hines

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
219-30-5046

17. INFORMANT

ADDRESS **Ave.**

Mrs. Margaret E. Burke - 234 N. Monastery

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Malignancy of neck

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 51**, 19__, to **4/8/52**, 19__, that I last saw the deceased alive on **4/8/52**, 19__, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Samuel S. Shaban

23B. ADDRESS

1945 W. Baltimore Street

23C. DATE SIGNED

4-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Fickner & Sons

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

400
52 3522BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3522

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT E. SCALLY			2. DATE OF DEATH April 10, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3603 Windsor Mill Rd.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 3603 Windsor Mill Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 30, 1866	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Post Master		10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>			13. FATHER'S NAME John Scally		
14. MOTHER'S MAIDEN NAME Ellen Cushley			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Agnes L. Scally - 3603 Windsor Mill Rd.		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/26 , 19 50 , to 4/10 , 19 52 , that I last saw the deceased alive on 4/9 , 19 52 , and that death occurred at 12:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert A. Reiter		23B. ADDRESS 3408 Windsor Ave		23C. DATE SIGNED 4/11/52	
24A. BURNAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/14/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Dickener & Sons Balto 17 Md.			

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Dickener & Sons	ADDRESS Balto 17 Md.
--	---	---	--------------------------------

UNITED STATES GOVERNMENT
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C. 20315

MEMORANDUM FOR THE SECRETARY

DATE: 10/10/50

TO: THE SECRETARY

FROM: [illegible]

SUBJECT: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

363

VMC-121603
52-8523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3523

Registered No. _____

1. NAME OF DECEASED (Type or Print) John Edwards			2. DATE OF DEATH 4-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1104		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) Baltimore		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1125 Madison Ave.		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 18, 1928	9. AGE (In years last birthday) 23	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Printer			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY Restaurant			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Elvin Edwards			14. MOTHER'S MAIDEN NAME Lucy Jones		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT Records, Baltimore City Hospitals			ADDRESS 4940 Eastern Ave.		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis (A) DUE TO 1 yr. INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-24**, 1951, to **4-9**, 1952, that I last saw the deceased alive on **4-9**, 1952, and that death occurred at **8:00P** m., from the causes and on the date stated above.

23A. SIGNATURE J. S. Rogers	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 4-10-52
---------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 12/1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		25. FUNERAL DIRECTOR Huntington Williams, 1651 10th and Hill Ave.	

—

431

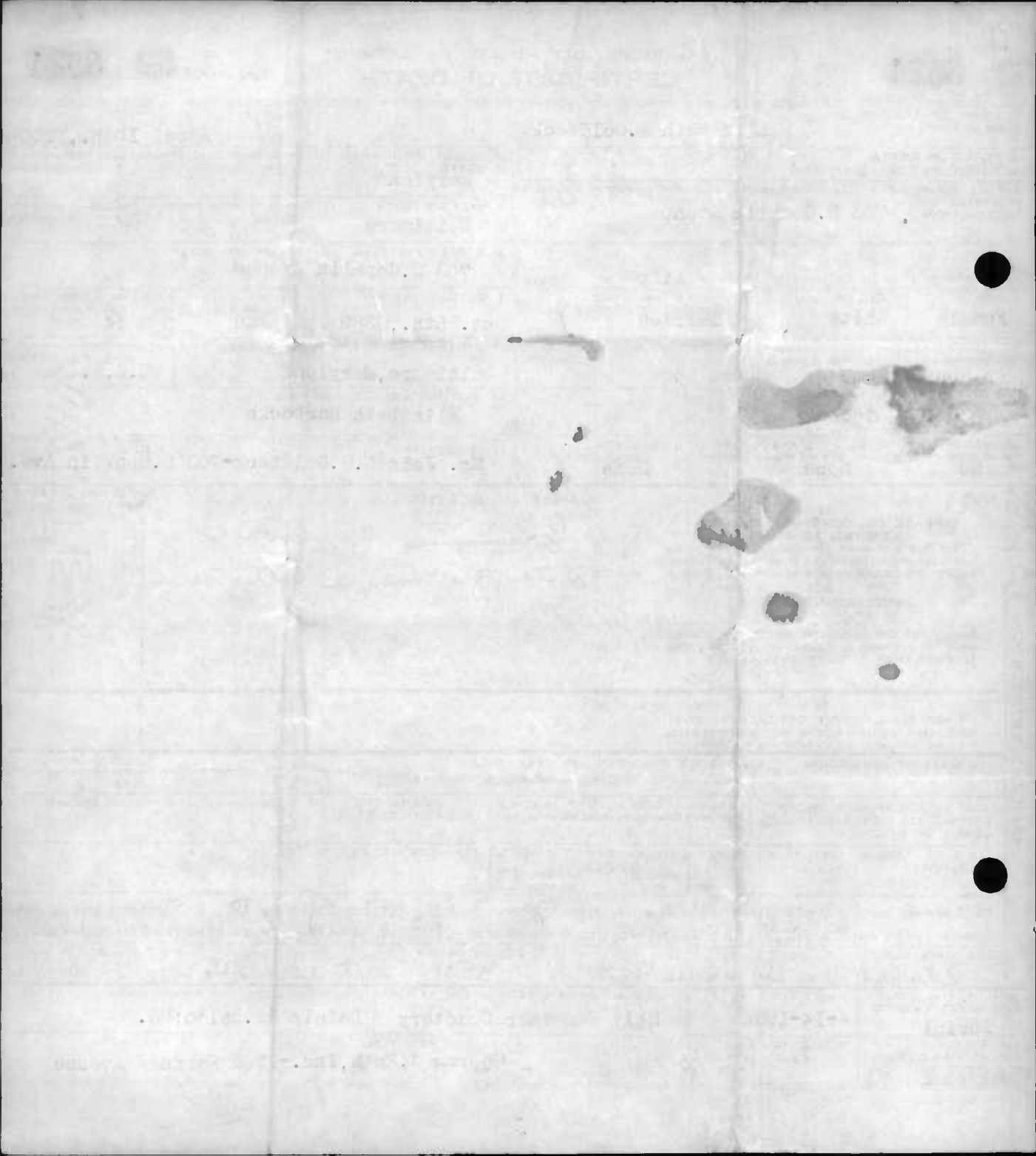
52 3524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3524

1. NAME OF DECEASED (Type or Print) Elizabeth A. Goldbeck		2. DATE OF DEATH April 10th., 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 703 S. Conklin Avenue		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 703 S. Conklin Avenue		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 26th., 1889
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months: 5 Days: 14	11. UNDER 24 HOURS Hours: 14 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Goldbeck		14. MOTHER'S MAIDEN NAME Elizabeth Harbecke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. John C.H. Goldbeck-703 S. Conklin Ave.		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Ovary		INTERVAL BETWEEN ONSET AND DEATH 14 mo.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. with generalized metastasis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 28, 1947 to April 10, 1952 that I last saw the deceased alive on April 9, 1952 and that death occurred at 1 P m., from the causes and on the date stated above.			
23A. SIGNATURE Edward A. Flanagan Jr.		23B. ADDRESS 3501 Fair Ave Balto 24	23C. DATE SIGNED 4-10-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-14-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR George J. Ruth, Inc. - 1735 Harford Avenue	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3525**

BIRTH NO. **52 3525**

1. NAME OF DECEASED (Type or Print) DANIEL J. COLLINS			2. DATE OF DEATH April 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Park Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 906 S. Dean street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/3/90.		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Operator		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.	
13. FATHER'S NAME Daniel Collins			14. MOTHER'S MAIDEN NAME Anna Ryan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 213-09-2515		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) WWI USA					

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Lobar pneumonia, right lower and middle lobes		DUE TO		Unknown	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 25, 1952** to **Apr. 10, 1952**, that I last saw the deceased alive on **Apr. 10, 1952**, and that death occurred at **8:50A.m.**, from the causes and on the date stated above.

23A. SIGNATURE James M. Severson		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
				24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd., Ba. Co., Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Charles S. Grier, 901 S. Conkling St.	
--	--	---	--	--	--

20 307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1928

Blank certificate form with horizontal lines for text entry.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3526**

635
52 3526
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mother Mary Myles Carton			2. DATE OF DEATH April 8, 52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 10-02		
b. FULL NAME OF HOSPITAL OR INSTITUTION Motherhouse of Notre Dame			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
d. STREET ADDRESS (If rural, give location) 901 Aisquith			e. Length of stay in Baltimore 20 Yrs. 0 Mos. 0 Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 9, 1895		9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10b. KIND OF BUSINESS OR INDUSTRY Religious		11. BIRTHPLACE (State or foreign country) New York City
13. FATHER'S NAME Myles Carton			14. MOTHER'S MAIDEN NAME Mary Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Sr. M. Stan. Kostka S.S.N.D. 901 Aisquith			
17. INFORMANT			ADDRESS		

<p>18. 170x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Pulmonary Edema DUE TO</p> <p>(B) Coronary atherosclerosis DUE TO</p> <p>(C) Coronary artery of the heart</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>72 hrs.</p> <p>3 mos.</p> <p>16 mos.</p>

19a. DATE OF OPERATION May 1, 1952		19b. MAJOR FINDINGS OF OPERATION Coronary artery of left heart.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Feb 1, 1952** to **Apr 8, 1952**, that I last saw the deceased alive on **Apr. 6, 1952**, and that death occurred at **12:00** m., from the causes and on the date stated above.

23a. SIGNATURE Francis M. Dwyer M. D.	23b. ADDRESS 1120 St. Paul St.	23c. DATE SIGNED Apr 8 '52
---	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 14 1952	24c. NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM.	24d. LOCATION (City, town, or county) (State) NOTCH CLIFF NR TOWSON
--	----------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 12 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles S. Seiler	ADDRESS 901 S. Conkling St.
--	---	--	---------------------------------------

OFFICE OF DEATH

NEW YORK CITY

DEPARTMENT OF HEALTH

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

NOV 10 1950

Lyles
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3527

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Lyles

2. DATE
OF
DEATH

4/10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1321 W. La Fayette Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 3, 1871

9. AGE (in years, months, days)

80

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Lorina Proctor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Lorina Vandyke

ADDRESS

1321 W. La Fayette Ave.

18. *592X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Ch. nephritis & Menstr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/9*, 19*52*, to *4/10*, 19*52*, that I last saw the deceased alive on *4/9*, 19*52*, and that death occurred at *6 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Burkitt

23B. ADDRESS

2139 Dunbar Hill

23C. DATE SIGNED

4-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem.

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

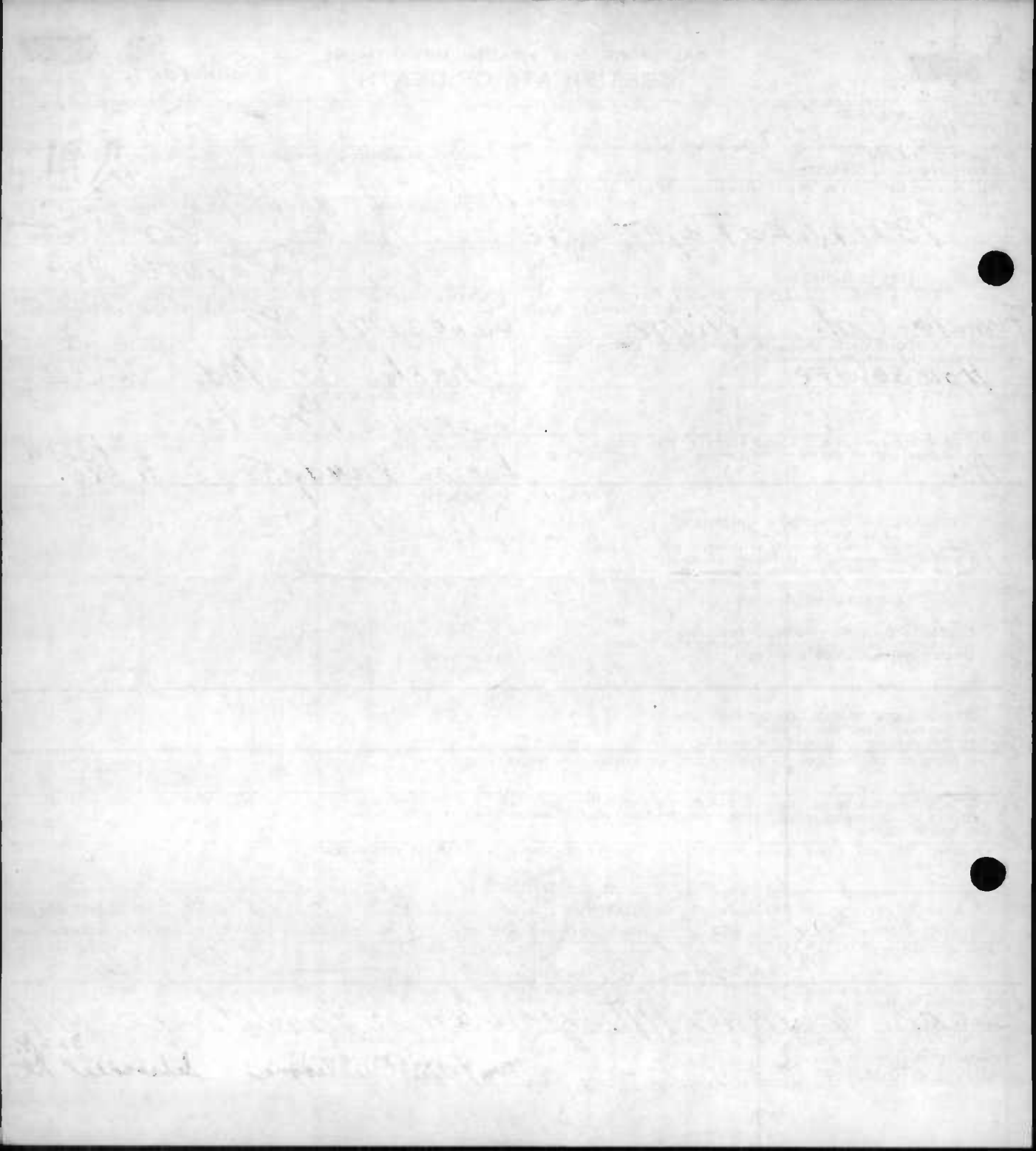
Huntington White, Jr.

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N. Schuster St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3528**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE WHITE

2. DATE
OF
DEATH

Apr. 5, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

8. FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

3102 Pickett Lane

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 10, 1887

9. AGE (In years

last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George White Sr.

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Thelma Scott - Pickett Lane

ADDRESS

18. **443 x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive and Arteriosclerotic Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

ml.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley K. Dunleavy

M.D.

23b. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23c. DATE SIGNED

April 6, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

April 12, 52

24c. NAME OF CEMETERY OR CREMATORY

W.T. Swan Cem., Lansdowne

24d. LOCATION (City, town, or county)

MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Katie R. Williams

ADDRESS

322 N.

APR 12 1952

V S 151

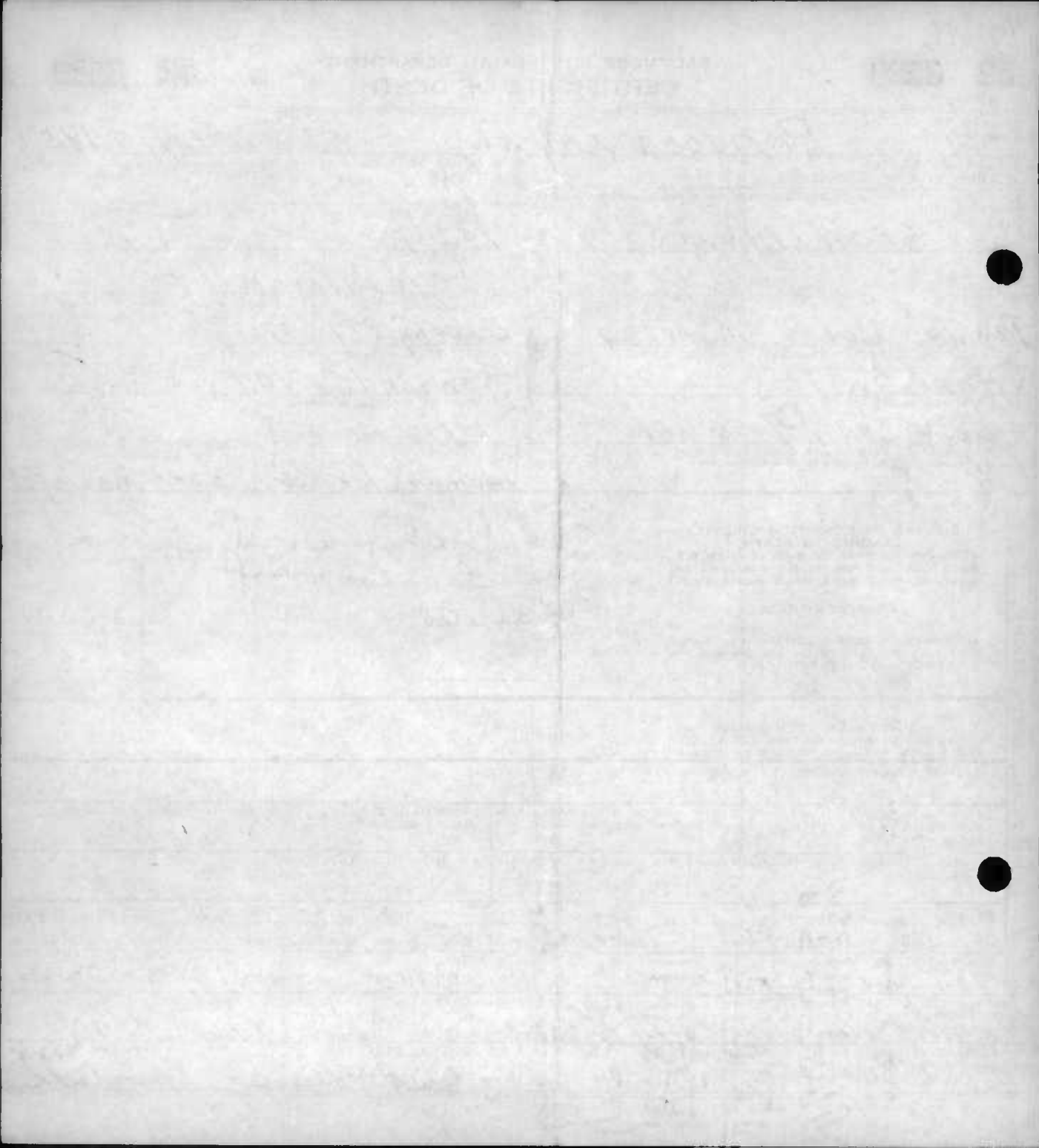
97099

MEDICAL CERTIFICATION

620
52 3529BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3529

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Rebecca Dorsey</i>			2. DATE OF DEATH <i>April 9, 1952</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto.</i>			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>19-01</i>					
6. FULL NAME OF HOSPITAL OR INSTITUTION <i>320 N. Gilman St.</i>			7. STREET ADDRESS (If rural, give location) <i>320 N. Gilman St.</i>			8. LENGTH OF STAY IN BALTIMORE Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>					
9. SEX <i>Female</i>		10. COLOR OR RACE <i>Col.</i>		11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		12. DATE OF BIRTH <i>June 19, 1981</i>		13. AGE (in years, last birthday) <i>70</i>			
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) <i>Howard Co. Md.</i>		17. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		18. FATHER'S NAME <i>Lawson Pinner</i>			
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		20. SOCIAL SECURITY NO.		21. INFORMANT <i>Lemons Dorsey</i>		22. ADDRESS <i>320 N. Mount St.</i>		23. INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>			
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>260x</i> <i>Cerebral Hemorrhage</i>			25. CAUSE OF DEATH (A) <i>Hypertensive Heart.</i> (B) <i>Diabetes</i> (C)			26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>3 years</i>			27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
28. DATE OF OPERATION <i>0</i>			29. MAJOR FINDINGS OF OPERATION			30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			31. MEDICAL CERTIFICATION		
32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			35. TIME (Month) (Day) (Year) (Hour) INJURY		
36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			37. HOW DID INJURY OCCUR?			38. I hereby certify that I attended the deceased from <i>4-5-52</i> to <i>4-9-52</i> , that I last saw the deceased alive on <i>4-5-52</i> , and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.			39. SIGNATURE <i>George C. Page</i>		
40. ADDRESS <i>1816 N. Mount St. (17)</i>			41. DATE SIGNED <i>4-12-52</i>			42. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			43. DATE <i>April 14, 1952</i>		
44. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion Cem.</i>			45. LOCATION (City, town, or county) <i>Lansdowne Md.</i>			46. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 12 1952</i>			47. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		
48. FUNERAL DIRECTOR <i>Wm. R. Williams</i>			49. ADDRESS <i>322 N. Schroeder St.</i>			50. VS 150			51.		



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3530

Registered No. _____

BIRTH NO. 52-3530
52-82378

1. NAME OF DECEASED (Type or Print) <u>Antoinette C. Dices</u>			2. DATE OF DEATH <u>Apr 11, 1952</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>1424 OPD</u>			4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Anne Arundel</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Glen Burnie Md</u>		
5. LENGTH OF STAY IN BALTIMORE _____			d. STREET ADDRESS (If rural, give location) <u>14 New Jersey Ave</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>1-26-52</u>		9. AGE (In years last birthday) <u>11</u> <u>Wh</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Calvin Dices</u>			14. MOTHER'S MAIDEN NAME <u>Melvinia Bach</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>754.0 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Consequential Cyanotic</u> DUE TO <u>Heart Disease</u> (B) <u>Petrology of Fallot C</u> DUE TO <u>Pulmonary Atresia</u> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>since birth</u>
--	--	--

19a. DATE OF OPERATION <u>4/11/52</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/11/52</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:40 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ruth F. Bowser</u>		23b. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23c. DATE SIGNED <u>4-12-52</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baldwin Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>A. A. Co. Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 12 1952</u>		REGISTRAR'S SIGNATURE <u>Thurston Williams</u>		25. FUNERAL DIRECTOR <u>W. J. Singleton</u>		ADDRESS	

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of informant		6. Signature of informant	
7. Name of declarant		8. Signature of declarant	
9. Name of witness		10. Signature of witness	
11. Name of witness		12. Signature of witness	
13. Name of witness		14. Signature of witness	
15. Name of witness		16. Signature of witness	
17. Name of witness		18. Signature of witness	
19. Name of witness		20. Signature of witness	
21. Name of witness		22. Signature of witness	
23. Name of witness		24. Signature of witness	
25. Name of witness		26. Signature of witness	
27. Name of witness		28. Signature of witness	
29. Name of witness		30. Signature of witness	
31. Name of witness		32. Signature of witness	
33. Name of witness		34. Signature of witness	
35. Name of witness		36. Signature of witness	
37. Name of witness		38. Signature of witness	
39. Name of witness		40. Signature of witness	
41. Name of witness		42. Signature of witness	
43. Name of witness		44. Signature of witness	
45. Name of witness		46. Signature of witness	
47. Name of witness		48. Signature of witness	
49. Name of witness		50. Signature of witness	
51. Name of witness		52. Signature of witness	
53. Name of witness		54. Signature of witness	
55. Name of witness		56. Signature of witness	
57. Name of witness		58. Signature of witness	
59. Name of witness		60. Signature of witness	
61. Name of witness		62. Signature of witness	
63. Name of witness		64. Signature of witness	
65. Name of witness		66. Signature of witness	
67. Name of witness		68. Signature of witness	
69. Name of witness		70. Signature of witness	
71. Name of witness		72. Signature of witness	
73. Name of witness		74. Signature of witness	
75. Name of witness		76. Signature of witness	
77. Name of witness		78. Signature of witness	
79. Name of witness		80. Signature of witness	
81. Name of witness		82. Signature of witness	
83. Name of witness		84. Signature of witness	
85. Name of witness		86. Signature of witness	
87. Name of witness		88. Signature of witness	
89. Name of witness		90. Signature of witness	
91. Name of witness		92. Signature of witness	
93. Name of witness		94. Signature of witness	
95. Name of witness		96. Signature of witness	
97. Name of witness		98. Signature of witness	
99. Name of witness		100. Signature of witness	

52 3531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3531

Registered No.

BIRTH NO.			2. DATE OF DEATH <u>April 12, 1952</u>		
1. NAME OF DECEASED (Type or Print) <u>rev John Francis Toohey</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Bon Secours Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>St. Mary's Rectory</u> B. COUNTY <u>Anne Arundel</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bon Secours Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Annapolis, Maryland</u>		
Length of stay in Baltimore <u>one month-two days</u>			D. STREET ADDRESS (If rural, give location) <u>5210</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>5/6/75</u>	9. AGE (In years last birthday) <u>76</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Priest</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mass.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Thomas Toohey</u>			14. MOTHER'S MAIDEN NAME <u>Ellen Connors</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <u>154X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of rectum with metastasis to liver</u> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>3-26-52</u>	19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum & metastasis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>3-10</u> , 19 <u>52</u> to <u>4-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>52</u> , and that death occurred at <u>3:25</u> pm., from the causes and on the date stated above.		
23A. SIGNATURE <u>Mendel</u>	23B. ADDRESS <u>2025 W. Fayette</u>	23C. DATE SIGNED <u>4-12-52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>April 15/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>
24D. LOCATION (City, town, or county) (State) <u>Annapolis Md</u>	25. FUNERAL DIRECTOR <u>138 Hopkins St</u>	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

260

52 3532

LWISHER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3532

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel Luwisher

2. DATE
OF
DEATH

April 10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4300 Garrison Blvd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1510

D. STREET ADDRESS (If rural, give location)

4300 Garrison Blvd

Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1882

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Benjamin Mandar

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isador Luwisher - 4300 Garrison Blvd

18. 446x and E 834.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

about 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

CERTIFICATION APPROVED BY

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

Stanley K. Decker M.D.

CHIEF OR ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Fracture of the neck of
rt. femur - Jan. 22-52

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

on street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Baltimore 3800 Oak Junction

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 22. 1952

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☒

21F. HOW DID INJURY OCCUR?

while stepping out car
she slipped & fell22. I hereby certify that I attended the deceased from Jan - 22 - 1952 to April 10 - 1952, that I last saw the
deceased alive on April 10, 1952, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Herman Decker

23B. ADDRESS

2404 Eutaw Pl

23C. DATE SIGNED

4/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/52

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cong.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sal Gerinson

ADDRESS

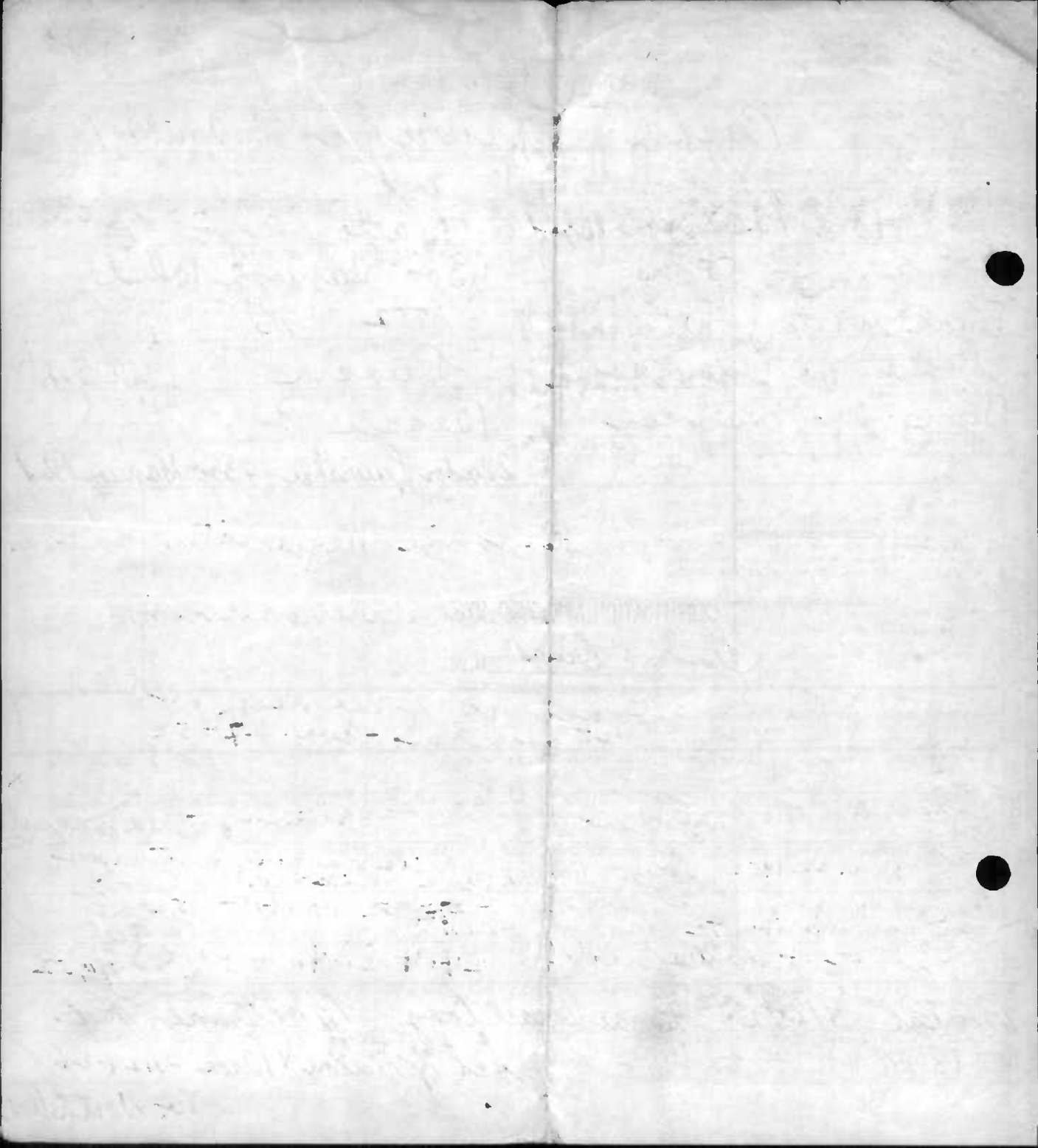
Broz - 1124-26

VS 150

N-520.1

20 North Ave

MEDICAL CERTIFICATION



52 3533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3533
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Simon Markman

2. DATE
OF
DEATH

4/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 15-12

D. STREET ADDRESS (If rural, give location)

2805 Rockrose Avenue

Length of stay in Baltimore 48 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 15, 1886

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Custom tailor

10B. KIND OF BUSINESS OR
INDUSTRY

shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ralph Markman

clothing(m)

14. MOTHER'S MAIDEN NAME

Esther Freda

15. WAS DECEASED EVER IN U. S. ARMY FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-01-699917. INFORMANT ADDRESS
Samuel Markman- 3427 Wabash Avenue

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Nephrosclerosis

DUE TO

(C) HCVI

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cor Pulmonale

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11, 1952, to 4/11, 1952, that I last saw the
deceased alive on 4/11, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/13/52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men's

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

APR 13 1952

Huntington, Williams, & Sons - 1124-26 W.

VS 150

590 4G

North Avenue

MEDICAL CERTIFICATION

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

51

52 3534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3534

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Sarah Blumberg

2. DATE
OF
DEATH

4. 9. 52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland Wisconsin

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Salisbury

D. STREET ADDRESS (If rural, give location)

7512

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Sinai Hospt.

Length of stay in Baltimore

46

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

73

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wk.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Salisbury

12. CITIZEN OF WHAT COUNTRY?

U.S. 9

13. FATHER'S NAME

Ben Marcus

14. MOTHER'S MAIDEN NAME

Ady Marcus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Habel Kross - 824 Brooke Lane

18. 760X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) A. S. C. V. D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Myocard. infarct.

(C) Diabetes melitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4. 6, 1952, to 4. 9, 1952, that I last saw the deceased alive on 4. 9. 52, 19, and that death occurred at 13:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Morris Goldberg

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4. 9. 52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 4/13/1952

Helen Friendship

Belts

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

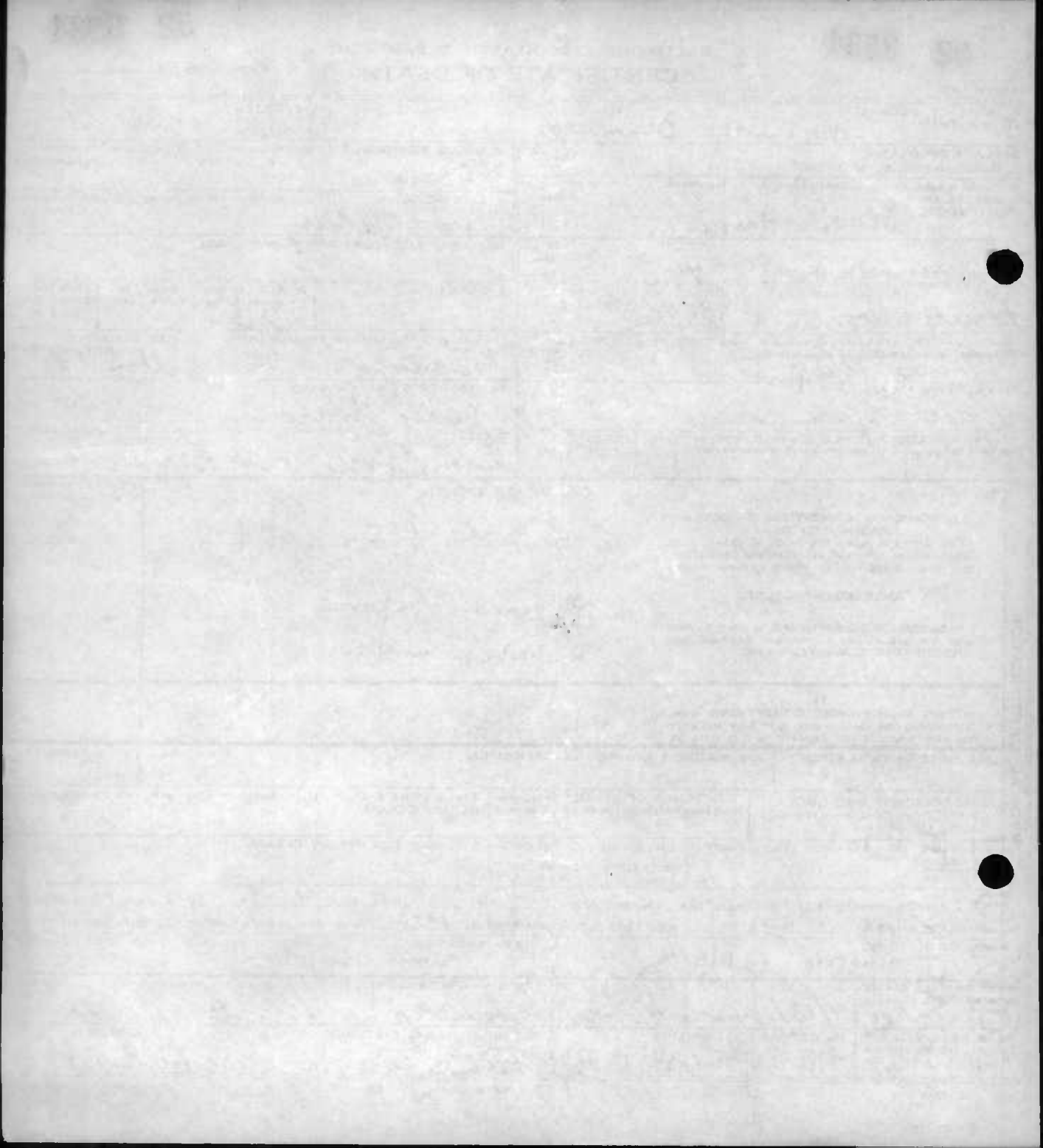
ADDRESS

Huntington 3-5552

John Lewis Jr - 2100 Eutan Pl

VS 150

MEDICAL CERTIFICATION



412
52 3535

52 3535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MINNIE		2. DATE OF DEATH APR 11 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-12	
C. Length of stay in Baltimore 47 Yrs. 47 Mos. 47 Days		D. STREET ADDRESS (If rural, give location) 2614 Violet Ave	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH _____
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		9B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 68
10. CITIZEN OF WHAT COUNTRY? _____		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? _____		13. FATHER'S NAME Abraham	
14. MOTHER'S MAIDEN NAME Katie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 454X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration Pneumonia DUE TO Saddle Thrombus of Aorta DUE TO Hypertensive Cardio-vascular Dis.	INTERVAL BETWEEN ONSET AND DEATH - 24 hrs 36 hrs ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4/9/52	19B. MAJOR FINDINGS OF OPERATION Saddle Thrombus of Aorta	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <input type="checkbox"/>

22. I hereby certify that I attended the deceased from **4-8-** 1952 to **4-11-** 1952 that I last saw the deceased alive on **4-11-** 1952, and that death occurred at **4:06 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE **E. M. Blair M.D.** 23b. ADDRESS **JOHNS HOPKINS HOSPITAL** 23c. DATE SIGNED **4/11/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4-13-52** 24c. NAME OF CEMETERY OR CREMATORY **Hebrew Friendship** 24d. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY **APR 13 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **2100 Canton Rd** ADDRESS

4/9/52 20000 Thousands of \$100

20000 Thousands of \$100

20000 Thousands of \$100
4/9/52

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT H FRIEDMAN

2. DATE
OF
DEATH

4-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General

Length of stay in Baltimore

50
Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployment

10B. KIND OF BUSINESS OR
INDUSTRY

Comp Board

13. FATHER'S NAME

Samuel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Poland

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Minnie

17. INFORMANT

Rae Friedman - Same

ADDRESS

1B.

410X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Mitral stenosis
Rheumatic infection
DUE TO
Coronary insufficiency

(C)

INTERVAL BETWEEN
ONSET AND DEATH

P 1/2 hour

Probably
many
years
about
2 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Jan. 21, 1952, that I last saw the
deceased alive on Jan 21, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John T. King

M. D.

23B. ADDRESS

1210 Eutaw Pl.
Baltimore, Md.

23C. DATE SIGNED

4/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-12-52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams

25. FUNERAL DIRECTOR

Jack Newbold

ADDRESS

2100 Eutaw Pl

APR 13 1952

VS 150

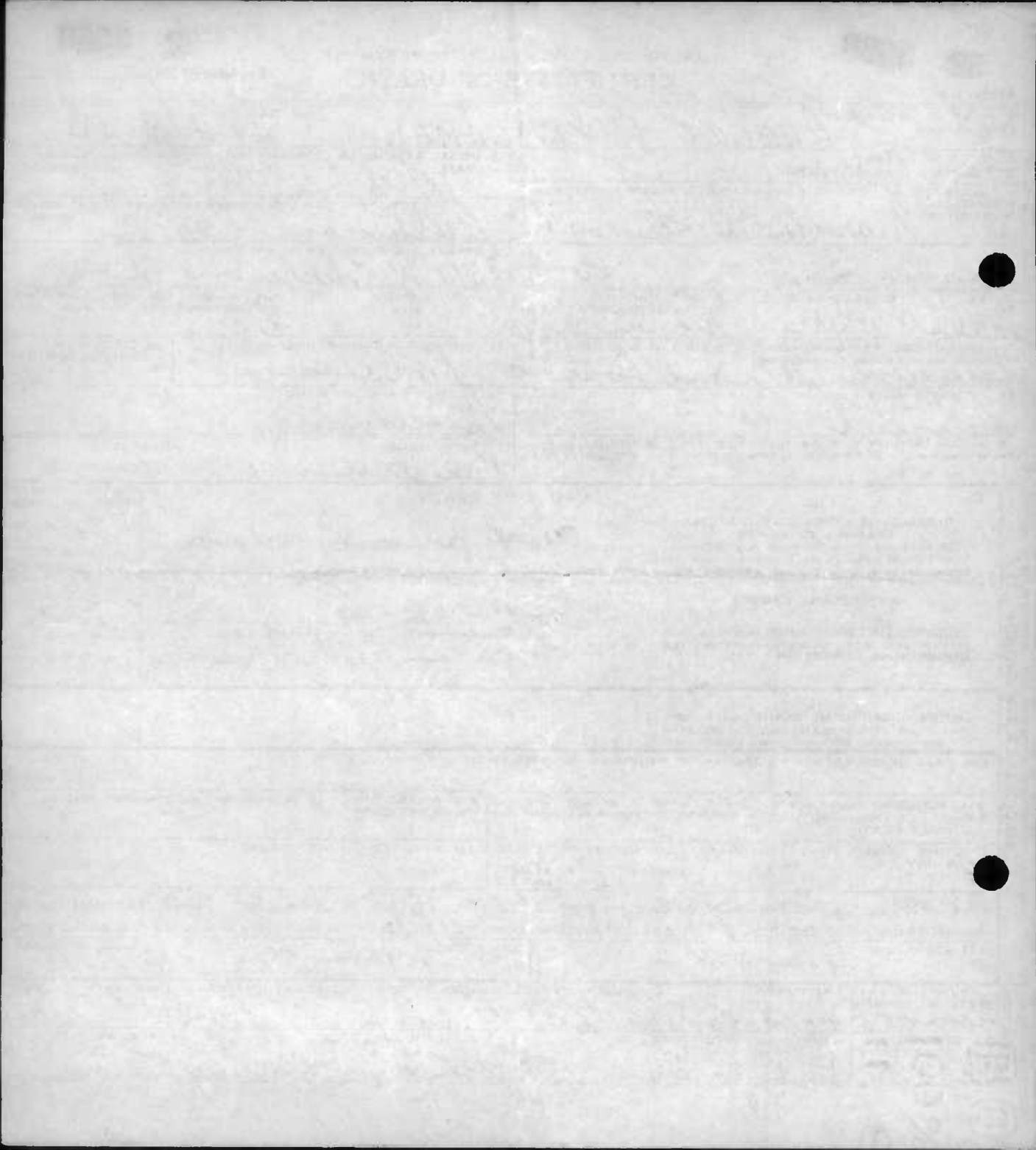
390 92

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3536



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OTHO

SNAUFFER

2. DATE
OF
DEATH

April 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

7-7-1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Counter Man

10B. KIND OF BUSINESS OR
INDUSTRY

Resturant

13. FATHER'S NAME

Benjamin R Snauffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

14. MOTHER'S MAIDEN NAME

Adelaide Sheld

17. INFORMANT

ADDRESS

Mrs. Fannie Werner, Poolesville, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)

Harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

East side of Pier No. 3, Pratt Street

21D. TIME (Month) (Day) (Year) (Hour)

Found: 4/12/52 7:30 A.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

4-1

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William V. Brown

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

April 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-15-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive

24D. LOCATION (City, town, or county)

Frederick, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wilkins, Jr.

25. FUNERAL DIRECTOR

William Hilton, Barnesville, Md.

ADDRESS

VS 151

N-990X

7606M

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE

100-23-100

100-23-100

100-23-100

100-23-100

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Joseph Bowden		2-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Balto. City Hosp.		Balto - No Home			
D. STREET ADDRESS (If rural, give location)		Unknown			
Length of stay in Baltimore		8. DATE OF BIRTH			
5. SEX M W		6. COLOR OR RACE W		9. AGE (in years last birthday)	
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Unknown	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Unknown		Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. E 978x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO CRUSHING INJURY OF CHEST DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO	CAUSE OF DEATH CRUSHING INJURY OF CHEST DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH min
--	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOSPITAL		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City Hospital	
21D. TIME (Month) (Day) (Year) (Hour) INJURY 2-10-52 2A		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped out of 4th Floor Window	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 2-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				JOHN HOPKINS MEDICAL SCHOOL	
DATE RECEIVED BY LOCAL REGISTRAR APR 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Commissioner of Health	

Joseph Benjamin

C. H. H. H.

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

BIOGRAPHY

52 3539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3539

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

ROBERTSON

2. DATE
OF
DEATH

February 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1223 McCulloh Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

70

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *Hydr.*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William B. [Signature]*23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 26 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1952

Huntington Williams, Jr.

3 5 Commissioner of Health

VS 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

Death No.

1. NAME OF DECEASED
(Last, first)

2. DATE
OF
DEATH

3. PLACE OF DEATH
Baltimore City, Maryland

4. FULL NAME OF
HOSPITAL OR
INSTITUTION

5. PLACE OF BIRTH
City, State, Country

6. DATE OF BIRTH
Month, Day, Year

7. MARRIAGE STATUS
1. SINGLE
2. MARRIED
3. WIDOWED
4. DIVORCED

8. USUAL OCCUPATION
Name of occupation, industry, or business

9. FATHER'S NAME
Last, first, middle

10. MOTHER'S MAIDEN NAME
Last, first, middle

11. BIRTHPLACE (State or foreign country)
City, State, Country

12. STREET ADDRESS (If first two weeks)
City, State, Country

13. CITY OR TOWN
(If death occurred there, write "At home")

14. COUNTY
(If death occurred there, write "At home")

15. WAS DECEASED EVER IN U.S. ARMY FORCES
(If not, write "Not in service")

16. WAS DECEASED EVER IN U.S. NAVY FORCES
(If not, write "Not in service")

17. INQUIRY NO.
(If not, write "Not in service")

18. INQUIRY NO.
(If not, write "Not in service")

19. INQUIRY NO.
(If not, write "Not in service")

20. INQUIRY NO.
(If not, write "Not in service")

21. INQUIRY NO.
(If not, write "Not in service")

22. INQUIRY NO.
(If not, write "Not in service")

23. INQUIRY NO.
(If not, write "Not in service")

24. INQUIRY NO.
(If not, write "Not in service")

CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the cause of death is a-
brought about by the disease or condition
listed in the preceding column, but it means the
disease or condition was the immediate cause)

ANTECEDENT CAUSE

DISEASE OR CONDITION, IF ANY, WHICH
LED TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION FIRST

2. OTHER SIGNIFICANT CONDITIONS
PERSISTING TO THE DEATH, BUT NOT A CAUSE
OF THE ABOVE CAUSE (A)

13A. DATE OF OPERATION

13B. MAJOR FINDINGS OF OPERATION

14. EXTERNAL CAUSE, IF ANY, OF DEATH
(If not, write "None")

15. TIME (Month, Day, Year) OF DEATH

16. HOW DID INJURY OCCUR

17. FORCE OF INJURY (If any)

18. WHERE DID INJURY OCCUR

19. HOW DID INJURY OCCUR

20. HOW DID INJURY OCCUR

21. HOW DID INJURY OCCUR

22. HOW DID INJURY OCCUR

23. HOW DID INJURY OCCUR

24. HOW DID INJURY OCCUR

25. HOW DID INJURY OCCUR

26. HOW DID INJURY OCCUR

27. HOW DID INJURY OCCUR

28. HOW DID INJURY OCCUR

29. HOW DID INJURY OCCUR

NOTIFICATION CARD

20A. SERIAL (Name)

20B. SERIAL (Name)

20C. SERIAL (Name)

20D. SERIAL (Name)

20E. SERIAL (Name)

20F. SERIAL (Name)

20G. SERIAL (Name)

21. REGISTRAR'S SIGNATURE

22. REGISTRAR'S SIGNATURE

23. REGISTRAR'S SIGNATURE

24. REGISTRAR'S SIGNATURE

25. REGISTRAR'S SIGNATURE

26. REGISTRAR'S SIGNATURE

27. REGISTRAR'S SIGNATURE

28. REGISTRAR'S SIGNATURE

29. REGISTRAR'S SIGNATURE

30. REGISTRAR'S SIGNATURE

31. ADDRESS

32. ADDRESS

33. ADDRESS

34. ADDRESS

35. ADDRESS

52 3540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3540

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TONY

SOKOLOWSKI

2. DATE
OF
DEATH

Feb. 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Infirmary-Baltimore City Hospitals

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

3 Commissioner of Health

RECEIVED

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side. Some faint words like "RECEIVED" and "MAIL" are visible.]

30

1. NAME OF DECEASED (Type or Print) GEORGE FORD		2. DATE OF DEATH February 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____ C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01 D. STREET ADDRESS (If rural, give location) 711 Tessier Street	
5. FULL NAME OF _____ (If not in hospital or institution, give street address or location) Provident Hospital		6. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <input checked="" type="checkbox"/>	

18. DOX I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis far advanced DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Min) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Feb. 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR 3 5 3	ADDRESS Commissioner of Health
--	---	--------------------------------------	--

NOTED BY JACOB

1. NAME OF DEATH	2. DATE OF DEATH	3. PLACE OF DEATH
4. NAME OF DEATH	5. DATE OF DEATH	6. PLACE OF DEATH
7. NAME OF DEATH	8. DATE OF DEATH	9. PLACE OF DEATH

10. NAME OF DEATH	11. DATE OF DEATH	12. PLACE OF DEATH
13. NAME OF DEATH	14. DATE OF DEATH	15. PLACE OF DEATH
16. NAME OF DEATH	17. DATE OF DEATH	18. PLACE OF DEATH

19. NAME OF DEATH	20. DATE OF DEATH	21. PLACE OF DEATH
22. NAME OF DEATH	23. DATE OF DEATH	24. PLACE OF DEATH
25. NAME OF DEATH	26. DATE OF DEATH	27. PLACE OF DEATH

28. NAME OF DEATH	29. DATE OF DEATH	30. PLACE OF DEATH
31. NAME OF DEATH	32. DATE OF DEATH	33. PLACE OF DEATH
34. NAME OF DEATH	35. DATE OF DEATH	36. PLACE OF DEATH

37. NAME OF DEATH	38. DATE OF DEATH	39. PLACE OF DEATH
40. NAME OF DEATH	41. DATE OF DEATH	42. PLACE OF DEATH
43. NAME OF DEATH	44. DATE OF DEATH	45. PLACE OF DEATH

46. NAME OF DEATH	47. DATE OF DEATH	48. PLACE OF DEATH
49. NAME OF DEATH	50. DATE OF DEATH	51. PLACE OF DEATH
52. NAME OF DEATH	53. DATE OF DEATH	54. PLACE OF DEATH

55. NAME OF DEATH	56. DATE OF DEATH	57. PLACE OF DEATH
58. NAME OF DEATH	59. DATE OF DEATH	60. PLACE OF DEATH
61. NAME OF DEATH	62. DATE OF DEATH	63. PLACE OF DEATH

64. NAME OF DEATH	65. DATE OF DEATH	66. PLACE OF DEATH
67. NAME OF DEATH	68. DATE OF DEATH	69. PLACE OF DEATH
70. NAME OF DEATH	71. DATE OF DEATH	72. PLACE OF DEATH

73. NAME OF DEATH	74. DATE OF DEATH	75. PLACE OF DEATH
76. NAME OF DEATH	77. DATE OF DEATH	78. PLACE OF DEATH
79. NAME OF DEATH	80. DATE OF DEATH	81. PLACE OF DEATH

82. NAME OF DEATH	83. DATE OF DEATH	84. PLACE OF DEATH
85. NAME OF DEATH	86. DATE OF DEATH	87. PLACE OF DEATH
88. NAME OF DEATH	89. DATE OF DEATH	90. PLACE OF DEATH

91. NAME OF DEATH	92. DATE OF DEATH	93. PLACE OF DEATH
94. NAME OF DEATH	95. DATE OF DEATH	96. PLACE OF DEATH
97. NAME OF DEATH	98. DATE OF DEATH	99. PLACE OF DEATH

36
52 3542BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3542

ND-147758
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Thomas Edward Pinder

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

610 George St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 26, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Pinder

14. MOTHER'S MAIDEN NAME

Elizabeth Gamble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: Baltimore City Hospitals
4940 Eastern Avenue

18. 002X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHSeveral
YearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1951, to 2-26, 1952, that I last saw the
deceased alive on 2-26, 1952 and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

4940 Eastern Avenue

23C. DATE SIGNED

3-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

MAR 12 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1952

Huntington Williams, M.D.

Commissioner of Health

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1917.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE

1916.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1917.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1916.

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1917.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1916.

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1917.

1

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1916.

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 12, 1917.

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1916.

52 3543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3543

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Lewis

2. DATE
OF
DEATH

2-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

18 N. Bond St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State, or foreign country)

Florida

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Pulmonary

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Pulmonary

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1952 to 2-28, 1952 that I last saw the deceased alive on 2-27, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAR 4 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr.

Commissioner of Health

APR 13 1952

VS 150

554

MEDICAL CERTIFICATION

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

John H. ...

... ..

... ..

50
AB-46562BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Brown

2. DATE
OF
DEATH

Feb. 12-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-7-7

9. AGE (In years,
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph S. Brown

14. MOTHER'S MAIDEN NAME

Jean ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

Over
1yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis due to Arteriosclerosis

Over
10yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-15-1939, to 2-12-1952, that I last saw the
deceased alive on 2-12-1952, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Brown

M. O.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

3-10-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 12 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Albany, N.Y.

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

10

AB-135547

52 3545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3545

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Murphy		2. DATE OF DEATH Feb. 14-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 37yrs		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 1-1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 67 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) S.C.	
13. FATHER'S NAME D.P. Murphy		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Winnie	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 491X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Thrombosis, old		over 6mos.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2-6**, 19**50** to **2-14**, 19**52**, that I last saw the deceased alive on **2-14**, 19**52**, and that death occurred at **12.05AM** from the causes and on the date stated above.

23A. SIGNATURE C. S. Rogers	23B. ADDRESS M. D. 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 3-10-1952
---------------------------------------	--	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) MAR 12 1952
---	-----------	--	---

DATE RECEIVED BY LOCAL REGISTRAR APR 13 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR 3 Commissioner of Health	ADDRESS
--	---	---	---------

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Witness	
16. Signature of Family Member		17. Signature of Priest		18. Signature of Minister	
19. Signature of Chaplain		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

246
52 3546BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3546

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DOROTHY McCLURE		2. DATE OF DEATH Feb. 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1525 W. Lexington Street		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH U	9. AGE (In years last birthday) 32	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) W		16. SOCIAL SECURITY NO.	17. INFORMANT N ADDRESS <input checked="" type="checkbox"/>		

18. **002X N** CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**
DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley K. Dureacher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 28, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **JOHN HOPKINS MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **MAR 10 1952**DATE RECEIVED BY LOCAL REGISTRAR **APR 13 1952** REGISTRAR'S SIGNATURE *Huntington* 25. FUNERAL DIRECTOR **Commissioner of Health** ADDRESS

2186

2186

1734 1034011111

1734

1734

1734 1034011111

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

1734

52 3547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3547

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK PRINCE

2. DATE
OF
DEATH

March 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

781 W. Mulberry Street

E. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

27

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

N

ADDRESS

18. E901x N

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive left hemothorax

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

garage

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

garage in back of 741 Sarah Ann Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3/1/52 12 midnight

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William W. Love

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 13 1952

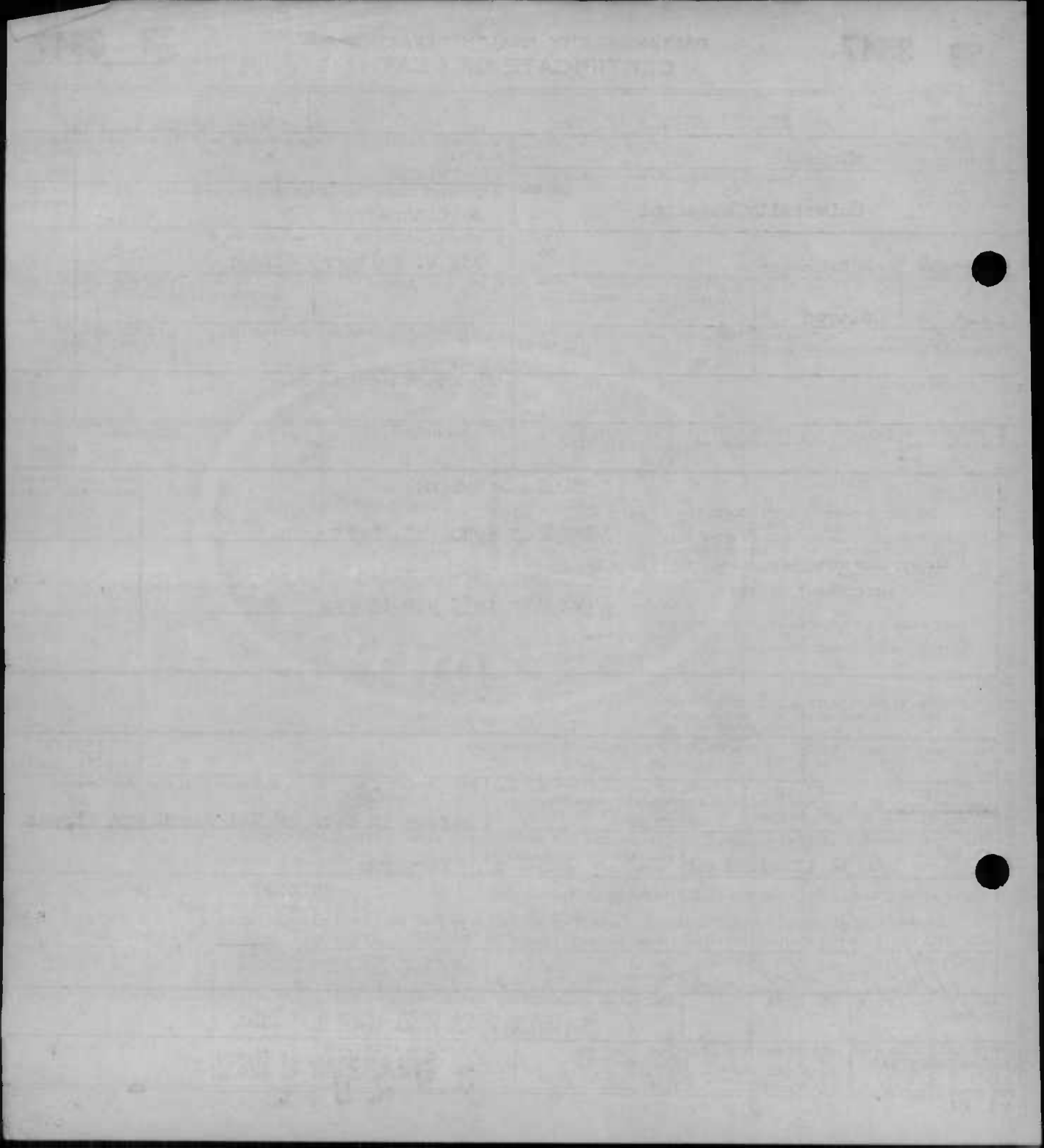
Huntington Williams

JOHN HOPKINS MEDICAL SCHOOL MAR 10 1952

Commissioner of Health

V S 151

N-8622



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3548

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

HICKS

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

18-02

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

107 N. Carey St. Room #9

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

CAUSE OF DEATH

18. 002X N

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

February 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 10 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3549
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON STOCKSDALE		2. DATE OF DEATH March 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01	
D. STREET ADDRESS (If rural, give location) 214 E. Pratt Street		5. SEX male	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH		9. AGE (In years last birthday) 60	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **581.0 I** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Fatty liver**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ **accident** ☐ **suicide** ☐ **homicide** ☐ **undetermined** ☐.

23A. SIGNATURE <i>Stanley A. Dunsicker</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 4, 1952
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL	MAR 13 1952

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
----------------------------------	---	---	---------

52 3550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3550

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles James Carroll

2. DATE
OF
DEATH

April 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 402 S. East Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

402 S. East Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE/MARRIED,
WIDOWED/DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

13. FATHER'S NAME

Henry King Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

1st World War

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Oct. 14, 1886

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Sullivan

17. INFORMANT

ADDRESS

Mary Karl Carroll 402 S. East Ave.

18. 422.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic myocarditis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____ to April 11, 1952, that I last saw the
deceased alive on Apr 11, 1952, and that death occurred at _____ m. from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. J. J.

23B. ADDRESS

1111 S. E. E. E.

23C. DATE SIGNED

4/11/52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 15, 52

Baltimore National

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams, M.D.

Kelly & Zeiler Inc. 403 S. Wolfe St.

32 3530

32 3530

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

Chlorophyll

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

52 3551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3551

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Adam Wuestner

2. DATE
OF
DEATH

April 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 201 S. Ellwood Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

201 S. Ellwood Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

?

13. FATHER'S NAME

Henry Wuestner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

1st World War

16. SOCIAL SECURITY NO.

212-16-3403

8. DATE OF BIRTH

June 24, 1893

9. AGE (In years last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Stumpner

17. INFORMANT

ADDRESS

Mrs Marie Wilson

3724 Elmley Ave.

18. 330X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subarachnoid Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Arteriosclerosis
Hypertension

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT ☐ NOT WHILE ☐

m.

WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from April 4, 1952, to April 14, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James H. Stenley

M. D.

23B. ADDRESS

2002 S. Pratt St

23C. DATE SIGNED

4/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 15, 52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeller Inc. 403 S. Wolfe St.

100

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
LAND OFFICE

100

April 12, 1901

Washington, D.C.

Dear Sir:

Enclosed

is a copy of the

report of the

Commissioner of the

General Land Office

relative to the

land in the

State of Texas

which you

are interested in

the same.

Very respectfully,
Director of the Bureau of the Land Office

Enclosure

Handwritten:
Enclosed is a copy of the
report of the
Commissioner of the
General Land Office
relative to the
land in the
State of Texas
which you
are interested in
the same.

Handwritten:
Very respectfully,
Director of the Bureau of the Land Office

Handwritten:
Enclosed is a copy of the
report of the
Commissioner of the
General Land Office
relative to the
land in the
State of Texas
which you
are interested in
the same.

Very respectfully,
Director of the Bureau of the Land Office

Enclosure

Very respectfully,
Director of the Bureau of the Land Office

452

52 3552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3552
Registered No.

1. NAME OF DECEASED (Type or Print) EMILY J. WILLIAMS.		2. DATE OF DEATH 4-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 25-41	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE, MCTAVISH AVE	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3681 MC FAVISH AVE	
5. SEX F	6. COLOR OR RACE W-	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. AGE (In years last birthday) 1887-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND-		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME CHARLES-SMITH		14. MOTHER'S MAIDEN NAME ELEANOR RYAN-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT STEPHEN B. WILLIAMS		ADDRESS 3683 MCTAVISH	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA - STOMACH DUE TO DEHYDRATION MACNUTRITION		INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10-52 to 4-11-52 , that I last saw the deceased alive on 4-7-52 , 19 52 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Stephen B. Williams		23B. ADDRESS University Hospital	
23C. DATE SIGNED 4-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 4-14-52	
24C. NAME OF CEMETERY OR CREMATORY Baldwin Park		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE H. H. Williams	
25. FUNERAL DIRECTOR W. H. Walker		ADDRESS 3683 MCTAVISH	

MEDICAL CERTIFICATION

SEPT 26

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

OFFICE OF THE CHIEF OF MEDICAL SERVICE

340
52 3553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3553
Registered No.

1. NAME OF DECEASED (Type or Print) Salvatore Catalfo		2. DATE OF DEATH April 10 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2729 E. Chase St. B. FULL NAME OF HOSPITAL OR INSTITUTION		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 2729 E. Chase St.	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15 1871	
9. AGE (In years last birthday) 80		10. UNDER 1 Year Months: Days 4 21	
11. BIRTHPLACE (State or foreign country) Buoncavillo Catania Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Antonio Catalfo		14. MOTHER'S MAIDEN NAME Maria MURRIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-07-0612	
17. INFORMANT Frank Catalfo		ADDRESS 2729 E. Chase St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arterio-sclerosis - Hypertension - cardiac - Vascular Disease ANTECEDENT CAUSES Broncho - Pneumonia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchitis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Myocardial Damage Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days 1 week 4 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Febr. 23 , 19 52 to April 10 , 19 52 , that I last saw the deceased alive on April 10 , 19 52 , and that death occurred at 8 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Philbert Artigiani		23B. ADDRESS 2942 E. Fayette St.	
23C. DATE SIGNED 4/11/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 14 1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Balt. Md.	
24E. DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. COUNTY DIRECTOR James Deffer		24H. ADDRESS 322 S. High St.	

MEDICAL CERTIFICATION

STATEMENT OF WORK
STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

STATEMENT OF WORK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3554**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE

BRAFA

2. DATE OF DEATH **April 12, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
204 N. High Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Male White Married Fruit Merchant

Self

May 4 1870 Ragusa

81 11 8 Italy

13. FATHER'S NAME

Giuseppe Brafa

14. MOTHER'S MAIDEN NAME

Giuseppina Mucci

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Anthony J. Brafa 3529 W. Belvedere A.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive arteriosclerotic cardio-vascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Lovett

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **April 12, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 15/52

Holy Redeemer Cemetery 4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams

Frank J. Wells

322 S. High St.

1942

CENTRAL BANK OF AMERICA

1942

1942

May 1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

1942

520

CERTIFICATE CORRECTED

5-16-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

3555

BIRTH NO. 3555

1. NAME OF DECEASED
(Type or Print)

CORA Lee Young

2. DATE
OF
DEATH

4/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL FOR the
WOMEN OF Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY CALVERT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PRINCE Frederick

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

7 Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-21-28

9. AGE (in years last birthday)

23

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Registered Nurse

10B. KIND OF BUSINESS OR INDUSTRY

House Wife

11. BIRTHPLACE (State or foreign country)

MORGANTOWN W. VA.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Grover Mills

14. MOTHER'S MAIDEN NAME

Marie Mills
Mills, CORA, Lee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother in Law

ADDRESS
PRINCE Frederick
MARYLAND

18. 642.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) ECLAMPSIA - 32WKS PREGNANT

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/9/52

19B. MAJOR FINDINGS OF OPERATION

CAESAREAN Section - Delivered NORMAL, live

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1952, to 4/13, 1952, that I last saw the deceased alive on 4/13, 1952 and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

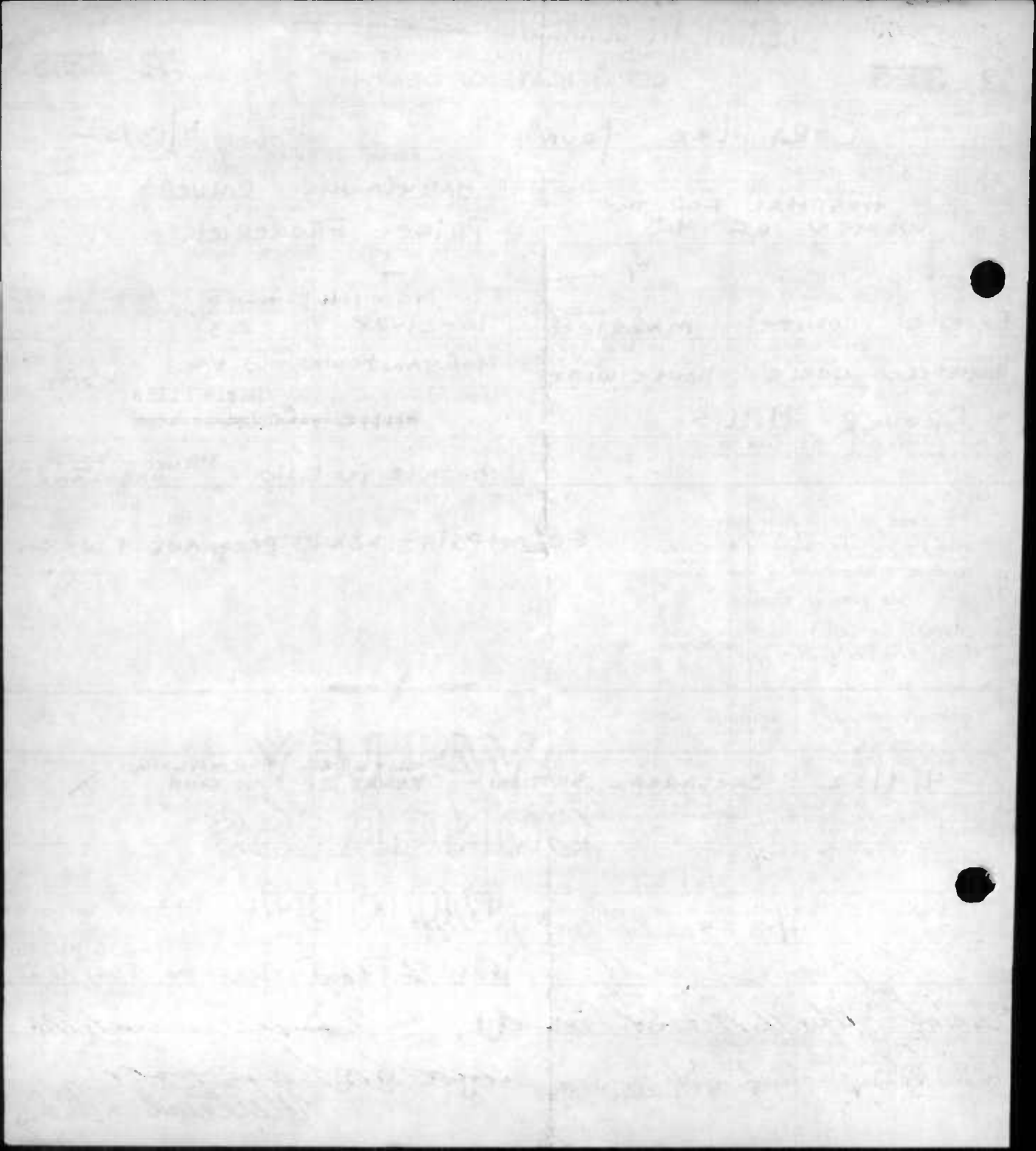
25. FUNERAL DIRECTOR

ADDRESS

VS 150

0588T

Wentz - Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3556**

BIRTH NO. 362 52 3556		1. NAME OF DECEASED (Type or Print) PATTERSON, Howard Franklin		2. DATE OF DEATH 4-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Butler			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5300			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 16, 1893		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Baltimore County	
13. FATHER'S NAME William Patterson		14. MOTHER'S MAIDEN NAME Sarah Cole		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Cora Ruby ADDRESS 3934 E 7th Ave Baltimore Md	
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Glioma, left temporal DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Glioma, left temporal DUE TO (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
19A. DATE OF OPERATION 4-10-52		19B. MAJOR FINDINGS OF OPERATION Glioma, left temporal		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13-52 , 19 52 , to 4-13-52 , 19 52 , that I last saw the deceased alive on 4-13-52 , 19 52 , and that death occurred at 7:45 A m., from the causes and on the date stated above.					
23A. SIGNATURE Henry D Perry Jr.		23B. ADDRESS Univ. Hospital		23C. DATE SIGNED 4-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 16/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Zion	
24D. LOCATION (City, town, or county) Baltimore Co		(State)			
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. F. Elmer, Sons, Ruston Md	
VS 150		10010			

MEDICAL CERTIFICATION

1. Name of the person or persons to whom the property is transferred
2. Name of the person or persons from whom the property is transferred
3. Description of the property transferred
4. Date of the transfer
5. Signature of the person or persons to whom the property is transferred
6. Signature of the person or persons from whom the property is transferred
7. Signature of the Director of the Bureau of the Census
8. Signature of the Commissioner of the General Land Office
9. Signature of the Secretary of the Interior
10. Signature of the Attorney General
11. Signature of the President of the United States

12. Name of the person or persons to whom the property is transferred
13. Name of the person or persons from whom the property is transferred
14. Description of the property transferred
15. Date of the transfer
16. Signature of the person or persons to whom the property is transferred
17. Signature of the person or persons from whom the property is transferred
18. Signature of the Director of the Bureau of the Census
19. Signature of the Commissioner of the General Land Office
20. Signature of the Secretary of the Interior
21. Signature of the Attorney General
22. Signature of the President of the United States

363.
52 3557

Street
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3557

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Evert Street</i>		2. DATE OF DEATH <i>4-12-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>17-01</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write NAME and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>703 Penn. ave.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>sn</i>	8. DATE OF BIRTH <i>1911</i>	9. AGE (In years, last birthday) <i>41</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Picker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Factory</i>		11. BIRTHPLACE (State or foreign country) <i>Meheam Va</i>	
12. FATHER'S NAME <i>Johnny Street</i>		13. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
14. MOTHER'S MAIDEN NAME <i>Janie Clark</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Lula street 703 Penn</i>			

18. <i>600.0</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Bic. Pulmonary adhesion.</i>		
DUE TO		
(B) <i>luemia - severe</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>Bil. Pyelonephritis.</i>		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4-3-52*, 19__, to *4-12-52*, 19__, that I last saw the deceased alive on *4-12-52*, 19__, and that death occurred at *4:25 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J. B. Bromwich M.D.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>4-12-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Bay Va, Virginia</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>918 Druid Hill ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>		VS 150		690 44	

S-120

3558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3558

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ROBERTA SAUAGE		11 April 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2134 M ^c Culloh St.		Baltimore 14-03			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
life		2134 M ^c Culloh St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
Female	Negro	Widow	7.10.1884	62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Domestic				Baltimore, Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Barber		Mary Adams		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Mrs. Margaret Carter 2134 M ^c Culloh St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
443X I		(A) Hypertensive cardio-vascular disease; left ventricular failure		5 yrs	
DUE TO		(B)			
DUE TO		(C)			
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950, 19, to 4.11.1952, that I last saw the deceased alive on 4.11.1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
James D. Carr, M.D.		1425 Maclean Ave.		23C. DATE SIGNED 4.12.52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		April 14/52		Mt Auburn	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md		Huntington Williams, Mrs. Van Burks Ruggold		1463 7 th Street	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
APR 14 1952		Huntington Williams, Mrs. Van Burks Ruggold		1463 7 th Street	

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

P-620
2 3559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3559

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Annie Price		2. DATE OF DEATH April 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1145 N Carey		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Harford			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 11th			
C. Length of stay in Baltimore 50 Yrs. 50 Days		D. STREET ADDRESS (If rural, give location) 1145 N Carey - 116-01			
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH —	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST Mary's Co	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Woodland		14. MOTHER'S MAIDEN NAME Rebecca Coates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT ADDRESS John E Price	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Coronary occlusion		2 weeks	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Endo-vascular disease		2 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 31, 1950 to April 11, 1952 , that I last saw the deceased alive on April 9, 1952 , and that death occurred at 4 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE W. H. Woots		23B. ADDRESS 5154 W. Center		23C. DATE SIGNED 4/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 16, 1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Brooks Ruggold		24F. ADDRESS 14637 N. Carey St	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3560**

625
2 3560
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lynne J. Harshman			2. DATE OF DEATH Apr. 13, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2601 Roslyn Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore Md. B. COUNTY 15-09		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Kenesaw Rest Home.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore 12 yrs.			D. STREET ADDRESS (If rural, give location) 3917 Bateman St.		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Dec. 15, 1862	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME George Dinterman			14. MOTHER'S MAIDEN NAME Lat name "Smith" Other name not known.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT Harold Harshman			ADDRESS 3917 Bateman St. Baltimore 16 Md.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) Coronary occlusion.	1 hr.?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerosis	? yrs.
		(C) Senility, general	? yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		None.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Feb. 16, 1952**, to **Apr. 13, 1952**, that I last saw the deceased alive on **Feb. 23, 1952**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. B. Dwyer	23B. ADDRESS Medical Art Bldg.	23C. DATE SIGNED Apr. 14, 1952
---------------------------------------	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/16/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Fredrick, Md.
25. FUNERAL DIRECTOR Shover Barton		ADDRESS Walthamville, Md.	

DATE RECEIVED BY LOCAL REGISTRAR
APR 14 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Shover Barton

0000 30

0000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3561

BIRTH NO. 100

1. NAME OF DECEASED
(Type or Print) JAMES W. ROBEY

2. DATE OF DEATH April 11, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
1832 N. Washington Street

C. CITY OR TOWN (If outside corporate limits, write U.S.A. and give township)
Baltimore

C. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1 832 N. Washington Street

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Sept. 28, 1880 9. AGE (In years, last birthday) 71
If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY
Baltimore City

11. BIRTHPLACE (State or foreign country)
West Virginia

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Frank C. Robey

14. MOTHER'S MAIDEN NAME
Annie E. Franks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT 1832 N. Washington Street
Mrs. Anna Ogle Robey

18. 422.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) Myocarditis
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis
DUE TO
(C) Arthritis

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952, to Apr. 11, 1952, that I last saw the deceased alive on Apr. 10, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE Jacob Fisher M. D.

23B. ADDRESS 3422 Belair Rd.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
4/14/52

24C. NAME OF CEMETERY OR CREMATORY
Mount Olivet Cemetery

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
APR 14 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
HENRY SANDER & SONS, INC.

ADDRESS
BALTO., MD.

1881
JAN 10
RECEIVED
DEPT. OF AGRICULTURE
WASHINGTON
D. C.

1881
JAN 10
RECEIVED
DEPT. OF AGRICULTURE
WASHINGTON
D. C.

1881
JAN 10
RECEIVED
DEPT. OF AGRICULTURE
WASHINGTON
D. C.

625
52 3562BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3562

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin Frederick

WIRSING

2. DATE
OF

DEATH April 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

Beechhill Nursing Home

C. Month of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1638 E. 25th. Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 15, 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

PRINTING

11. BIRTHPLACE (State or foreign country)

Baltimore Co.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

David Wirsing

14. MOTHER'S MAIDEN NAME

Anna Elizabeth Deckert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
213-01-980617. INFORMANT 1638 E. 25th. Street
Mrs. Retta May Wirsing

18.

193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CA OF BRAIN

INTERVAL BETWEEN
ONSET AND DEATH

Nov 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1952, to 4/12/52, 1952, that I last saw the
deceased alive on 4/12/52, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/15/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

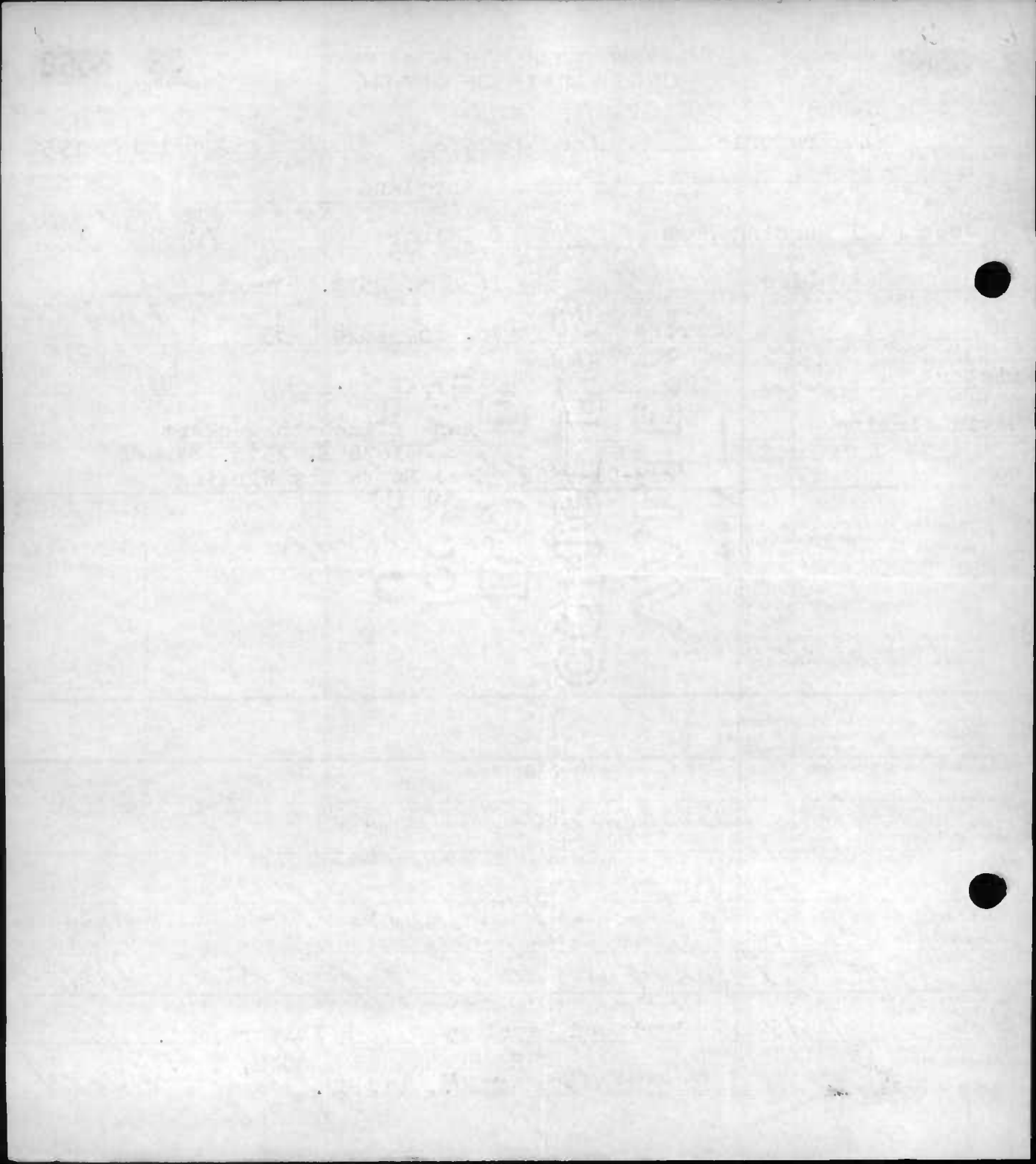
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO. 43.0MD. George J. Sander

ADDRESS

APR 14 1952

512 4M



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3563**

43 2
2 3563

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Herman Schultheiss			2. DATE OF DEATH 4/13/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE md. B. COUNTY 8-02					
B. FULL NAME OF HOSPITAL OR INSTITUTION Mary Hosp.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore					
C. Month of stay in Baltimore 30 yrs			D. STREET ADDRESS (If rural, give location) 2436 E. Lafayette Ave.					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Aug. 28, 1892			9. AGE (in years last birthday) 59		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Glaser Co.			11. BIRTHPLACE (State or foreign country) Switzerland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jacob Schultheiss			(W)			14. MOTHER'S MAIDEN NAME Fredricki Steigler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. 218-09-5625			17. INFORMANT 2436 E. Lafayette Avenue Mrs. Pauline E. Schultheiss		

18. 199.9		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) generalized carcinoma to 553		1 month	
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/11 , 19 52 , to 4/13 , 19 52 , that I last saw the deceased alive on 4/12 , 19 52 , and that death occurred at 4:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE L. Dale Simmons		23B. ADDRESS Mary Hosp		23C. DATE SIGNED 4/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/16/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR'S ADDRESS HENRY SANDOR & SONS, INC. BALTO., 13, MD.	
--	--	---	--	--	--

3303

37

RECEIVED BY THE U.S. DEPARTMENT OF THE INTERIOR

WASHINGTON, D.C. 20500

3303



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3564

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM K. SHIFFLETT

2. DATE
OF
DEATH

Apr 6, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Morgue

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

a. STATE

b. COUNTY

7125 GEORGETOWN AVE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - MARYLAND

d. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

FEB. 5, 1904

9. AGE (in years last birthday)

48

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH OTTENBIEN

14. MOTHER'S MAIDEN NAME

EVERETT COLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

2505

17. INFORMANT

2505 ADDRESS
1405 PATTERSON MILLER AVE EIGHTH

CAUSE OF DEATH

18. E929.8

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning - found drowned

OR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) OR

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

HARBOR

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

FOUND FT OF ANN ST.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

and Apr. 6, 1952 A

21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

2

21f. HOW DID INJURY OCCUR?

FOUND DROWNED

2-3

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Dineen

M.D.

23b. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

Apr 6, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Apr 14

24c. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24d. LOCATION (City, town, or county)

FREDERICK MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

4600

ADDRESS

4600

VS 151

N 990X

MEDICAL CERTIFICATION

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Nature of disease		8. Duration of illness	
9. Name of physician		10. Name of attending nurse		11. Name of undertaker		12. Name of funeral home	
13. Name of cemetery		14. Name of burial place		15. Name of interment		16. Name of funeral home	
17. Name of funeral home		18. Name of funeral home		19. Name of funeral home		20. Name of funeral home	
21. Name of funeral home		22. Name of funeral home		23. Name of funeral home		24. Name of funeral home	
25. Name of funeral home		26. Name of funeral home		27. Name of funeral home		28. Name of funeral home	
29. Name of funeral home		30. Name of funeral home		31. Name of funeral home		32. Name of funeral home	
33. Name of funeral home		34. Name of funeral home		35. Name of funeral home		36. Name of funeral home	
37. Name of funeral home		38. Name of funeral home		39. Name of funeral home		40. Name of funeral home	
41. Name of funeral home		42. Name of funeral home		43. Name of funeral home		44. Name of funeral home	
45. Name of funeral home		46. Name of funeral home		47. Name of funeral home		48. Name of funeral home	
49. Name of funeral home		50. Name of funeral home		51. Name of funeral home		52. Name of funeral home	
53. Name of funeral home		54. Name of funeral home		55. Name of funeral home		56. Name of funeral home	
57. Name of funeral home		58. Name of funeral home		59. Name of funeral home		60. Name of funeral home	
61. Name of funeral home		62. Name of funeral home		63. Name of funeral home		64. Name of funeral home	
65. Name of funeral home		66. Name of funeral home		67. Name of funeral home		68. Name of funeral home	
69. Name of funeral home		70. Name of funeral home		71. Name of funeral home		72. Name of funeral home	
73. Name of funeral home		74. Name of funeral home		75. Name of funeral home		76. Name of funeral home	
77. Name of funeral home		78. Name of funeral home		79. Name of funeral home		80. Name of funeral home	
81. Name of funeral home		82. Name of funeral home		83. Name of funeral home		84. Name of funeral home	
85. Name of funeral home		86. Name of funeral home		87. Name of funeral home		88. Name of funeral home	
89. Name of funeral home		90. Name of funeral home		91. Name of funeral home		92. Name of funeral home	
93. Name of funeral home		94. Name of funeral home		95. Name of funeral home		96. Name of funeral home	
97. Name of funeral home		98. Name of funeral home		99. Name of funeral home		100. Name of funeral home	

400
52 3565BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3565

1. NAME OF DECEASED (Type or Print) <i>Lillie Cassard Twilley</i>		2. DATE OF DEATH <i>Apr-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>11237 Eutaw</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> COUNTY <i>Balto City</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>(at home) Cecil Apts</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>11237 Eutaw St.</i>		Yrs. Mos. Days	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Oct 1 / 1894</i>	
9. AGE (In years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Rev. B. B. Murphy</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Sherwood</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Mr. Sherwood Murphy</i>		ADDRESS <i>Balto.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Myocarditis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Apr 12, 1952</i> to <i>Apr 13, 1952</i> that I last saw the deceased alive on <i>April 12, 1952</i> and that death occurred at <i>5 a. m.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>Benjamin Kadon</i>		23B. ADDRESS <i>2306 Eutaw Pl. Balto.</i>	
23C. DATE SIGNED <i>4-14-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>April 3/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Sherwood Murphy</i>		ADDRESS <i>Balto.</i>	

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID M VAHENE		2. DATE OF DEATH 4-13-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-11	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3702 Edgewood Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore 32 Yrs. 32 Mos. 32 Days		E. STREET ADDRESS (If rural, give location) 3702 Edgewood Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Kazer		14. MOTHER'S MAIDEN NAME Heinda	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Messna Valene - Pense	
17. INFORMANT Messna Valene - Pense		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO ANTECEDENT CAUSES CORONARY SCLEROSIS DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH CORONARY THROMBOSIS CORONARY SCLEROSIS	
19A. DATE OF OPERATION 4-14-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1945 to 4-13-52 , that I last saw the deceased alive on 4-13-52 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above			
23A. SIGNATURE Harold H. Bix		23B. ADDRESS 2516 Linden St	
23C. DATE SIGNED 4-13-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-14-52	
24C. NAME OF CEMETERY OR CREMATORY Beth Telson		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wm. J. Quinn		ADDRESS 2100 Gorton Rd	

29/08 A

But
hundreds are
Georgians ap

261
52 3567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3567

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Wyatt Baskerville			2. DATE OF DEATH Apr. 11, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland 619 George St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION X			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
d. Length of stay in Baltimore 3 yrs			d. STREET ADDRESS (If rural, give location) 619 George St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH March 1, 1864	9. AGE (In years last birthday) 88	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Thomas Baskerville			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			14. MOTHER'S MAIDEN NAME Mariah ?		
16. SOCIAL SECURITY NO. Unknown			17. INFORMANT ADDRESS Mrs M. Gross 619 George St.		

18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, prostates DUE TO A.H.C.V.D DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Carcinoma, prostates A.H.C.V.D	INTERVAL BETWEEN ONSET AND DEATH ? ?
--	---	--

19a. DATE OF OPERATION Feb. 1952 (University Hospt.)	19b. MAJOR FINDINGS OF OPERATION Carcinoma, prostates	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) None	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March, 1952**, to **Apr. 10, 1952**, that I last saw the deceased alive on **Apr. 10, 1952**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE George McDonald	23b. ADDRESS 844 N. Carey St. Balt. Md.	23c. DATE SIGNED 4/11/52
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/16/52	24c. NAME OF CEMETERY OR CREMATORY Petersburg. VA	24d. LOCATION (City, town, or county) (State) Petersburg. VA
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Eugene H. Mayo	ADDRESS 609 George St
--	---	---	---------------------------------

536
52 3568

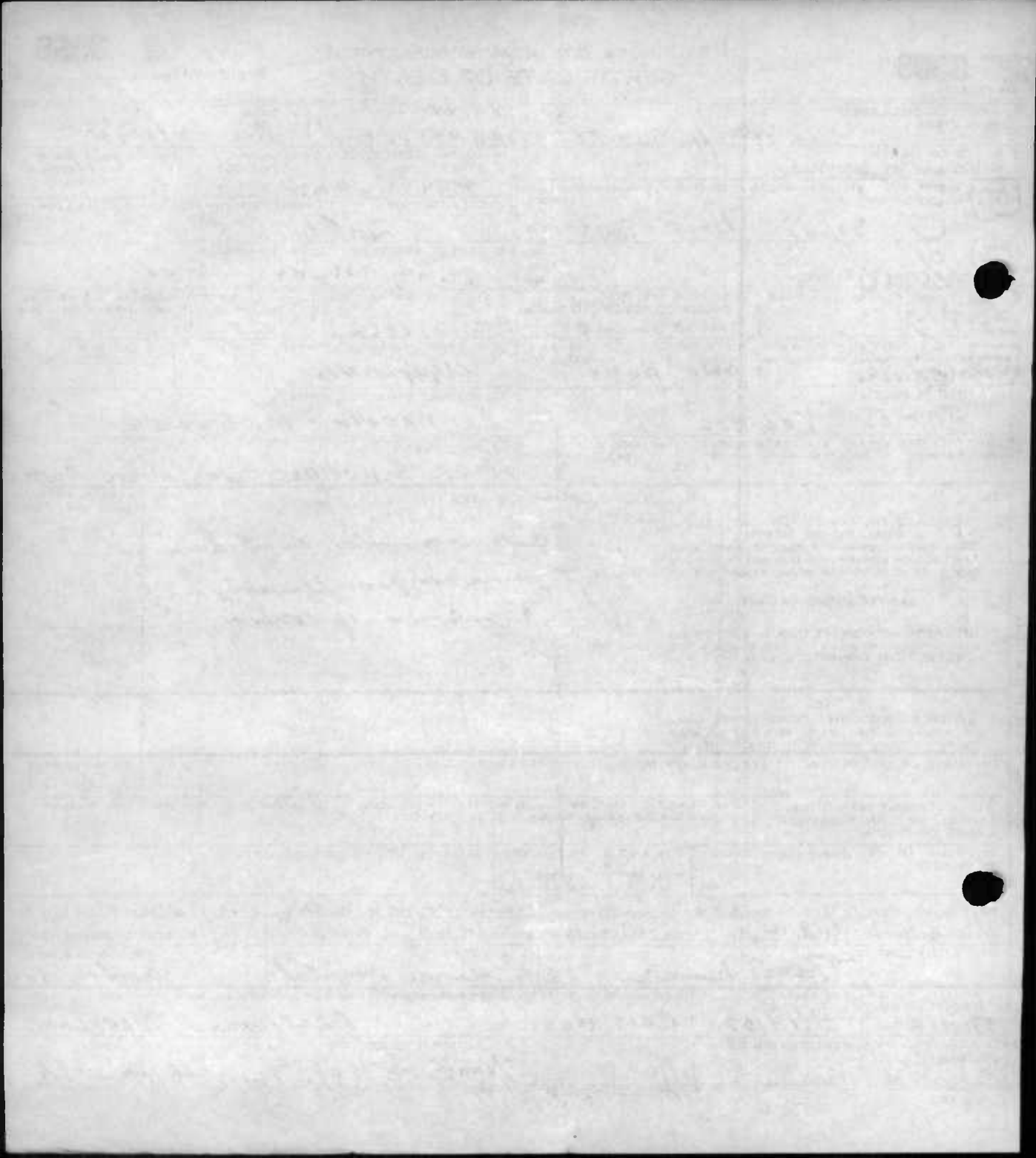
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3568
Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET SCHNEIDER (SNYDER)		2. DATE OF DEATH 4/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION SINGAI Hosp - BALTO-MD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 1207	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) 2643 MILES AVE	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 12, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	9. AGE (In years last birthday) 65
13. FATHER'S NAME JAMES YEAKEL		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ELIZABETH METZGER	
17. INFORMANT FRANK SCHNEIDER, 2643 MILES AVENUE		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterovascular Heart Disease DUE TO coronary insufficiency & pulmonary edema	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/10/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19, 1952 , to April 10, 1952 , that I last saw the deceased alive on April 10, 1952 and that death occurred at 4:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Robert Sander M. D.		23B. ADDRESS Seneca Hospital		23C. DATE SIGNED April 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/14/52		24C. NAME OF CEMETERY BALTIMORE	
24D. LOCATION (City, town, or county) BALTIMORE, MARYLAND		24E. FUNERAL DIRECTOR Wm. Cook, Inc.		24F. ADDRESS 1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Wilbur, M.D.		25. FUNERAL DIRECTOR ADDRESS	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3569**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary B. Macgowan

2. DATE
OF
DEATH

April 11, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

11 E. Read Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

11 E. Read Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 6, 1888

9. AGE (In years,
last birthday)

63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Cumberland, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter G. Morris

14. MOTHER'S MAIDEN NAME

Emma B. Planke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dr. B. Macgowan, 11 E. Read Street

18. **410X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **RHEUMATIC HEART DISEASE
(MITRAL STENOSIS)**

20 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **April**, 19**50**, to **April 11**, 19**52**, that I last saw the deceased alive on **April 11**, 19**52**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Shirley D. Sunday

23B. ADDRESS

201 W. 33rd St.

23C. DATE SIGNED

4/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/14/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

McM. Cook, Inc.

ADDRESS

1217 St. Paul Street

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

No. 1000	
Date of Issue	
Place of Issue	
Name of Applicant	
Address of Applicant	
Name of Invention	
Description of Invention	
Claims	
References	
Examiner's Report	
Remarks	
Signature of Applicant	
Signature of Examiner	
Signature of Commissioner	

425
2 3570BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3570

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET ELKINS

2. DATE
OF
DEATH

4/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSPITAL

C. Length of stay in Baltimore

52

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. ELKINS

642 COKESBURY AVE.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CONGESTIVE HEART FAILURE 48 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ACUTE MYOCARDIAL INFARCTION 1 WK.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA

8 HRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 4/6/1952 to 4/10/1952, that I last saw the
deceased alive on 4/10/1952, and that death occurred at 10:35 p. m., from the causes and on the date stated above.

23A. SIGNATURE

G. A. Utterbaum

M. D.

23B. ADDRESS

Luthuan Hospital

23C. DATE SIGNED

4/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/14/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. G. G. Inc., 1217 St. Paul

MARSHALL EXHIBIT

1/1/72

CHANDLER

BALTIMORE

CHS CHEROKEE AVE. W. 10

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000

1000

1000 1000

1000 1000

1000 1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3571**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jesse W. Robust			2. DATE OF DEATH April 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3902 Southern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3902 Southern Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 3, 1863	9. AGE (In years last birthday) 89	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Night Watchman		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY <input checked="" type="checkbox"/>
13. FATHER'S NAME John Robust			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Bessie Robust, Mt. Pleasant Hospital, Reisterstown, Md.		

<p>18. 442X</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	CAUSE OF DEATH		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>4 days</p> <p>1 year</p> <p>many years</p>
	(A) Bronchopneumonia		
	DUE TO Chronic cardio-vascular renal disease		
	(B) Generalized sclerosis + senility		
<p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **March 1, 1952**, to **April 11, 1952**; that I last saw the deceased alive on **April 11, 1952**, and that death occurred at **11:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Louis E. Wice	M. D. 920 St. Paul St.	23C. DATE SIGNED April 11, 1952
--	----------------------------------	---

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE Huntington W. Williams	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 St. Paul Street

STATE OF NEW YORK CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

240
3572
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3572

1. NAME OF DECEASED (Type or Print) <i>Clara Kessel</i>		2. DATE OF DEATH <i>4-13-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>GA.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>526 S. Chapelgate Lane</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Arnold</i>	
C. Month of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Box 233 A</i> <i>5210</i>	
5. <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 30, 1883</i>
9. AGE (in years last birthday) <i>68</i>		10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerical Work</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Kansas</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Marion A. Brotherton</i>		14. MOTHER'S MAIDEN NAME <i>Mary Etta Black</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Charles W. Protzman, Arnold, Md.</i>		ADDRESS	

18. <i>E974X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Asphyxia due to</i> DUE TO (B) <i>Hanging</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
---	---	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	23C. DATE SIGNED <i>4-13-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>4/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fairlawn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Oklahoma City, Oklahoma</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS <i>1217 So. Paul St.</i>
V S 151 <i>N 991X</i> <i>39099</i>			

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "received" and "paid" are faintly visible.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3573**

320
3573
BIRTH NO.

1. NAME OF DECEASED (Type or Print) L. Eugene Reddish			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland md. Cal 6			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY Harford		
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Abingdon P.O. 6200		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) Louisa Harbor Arc		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Rep	8. DATE OF BIRTH 3-11-84		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter - Retired		10b. KIND OF BUSINESS OR INDUSTRY Edgewood Arsenal	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Reddish			14. MOTHER'S MAIDEN NAME Lattie Edgett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 29-01-9154	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Primary carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 3 mo
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO Cirrhosis of the liver		
		(B) DUE TO Chronic alcoholism		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **3-22-**, 19**52**, to **4-13-**, 19**52**, that I last saw the deceased alive on **4-13-**, 19**52**, and that death occurred at **6:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frederick W. Dick		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 4-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/52	24c. NAME OF CEMETERY OR CREMATORY Bedar Hill Cemetery	24d. LOCATION (City, town, or county) (State) A. A. Co. Maryland	

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook, Inc.	ADDRESS 1217 E. Paul St.
--	---	---	------------------------------------

5104R

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

PLANT INDUSTRY REPORT

653
52 3574BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3574
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Bryant			2. DATE OF DEATH April 10 - 52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 812 E. Lombard St.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto. 3-02		
c. Length of stay in Baltimore 42 yrs.			D. STREET ADDRESS (If rural, give location) 812 E. Lombard St		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1884	9. AGE (In years last birthday) 67	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John Frost		
14. MOTHER'S MAIDEN NAME Elizabeth Duthump.			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Sam Bryant 812 E. Lombard St		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Vascular accident DUE TO (B) Cerebral Arterio Sclerosis DUE TO Hypertension (C) Chronic Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 1 wk ? ?
---	--	---

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 4, 1952**, to **April 10, 1952**, that I last saw the deceased alive on **April 10, 1952**, and that death occurred at **8:30 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE James G. [Signature]	23B. ADDRESS 1007 E. Pratt St	23C. DATE SIGNED 4/11/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-14-52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn Md.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. J. [Signature]	ADDRESS 1800 E. Lombard St.
--	---	--	---------------------------------------

17th Nov 1952

C. J. H. H. H.

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

17th Nov 1952

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3575**

1. NAME OF DECEASED (Type or Print) WILLIAM COWAN ALLEN		2. DATE OF DEATH. Apr. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Dulaney Valley Apts. 930 Southerly Rd.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 12, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Owner		10B. KIND OF BUSINESS OR INDUSTRY Theatre	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME George Allen		14. MOTHER'S MAIDEN NAME Jessie Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 279-16-8580	
17. INFORMANT Mrs. Adelaide M. Allen - Dulaney Valley		ADDRESS Apts.	

18. 022X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured aorta; Aneurysm; Thoracic DUE TO (A) Leuetic (?) (B) 15-20yrs (C) ?		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1942 , 19__, to Apr. 11 , 19 52 that I last saw the deceased alive on 4/11 , 19 52 , and that death occurred at 12:18 m., from the causes and on the date stated above.					
23A. SIGNATURE For H. Sedlack		23B. ADDRESS Towson, Md.		23C. DATE SIGNED 4/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 4/14/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR'S ADDRESS 290 81K Balto 17 Md.			
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams			

1971 82

CERTIFICATE OF DEATH

1971

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 3576

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH L. RAMSEY.

2. DATE
OF
DEATH

4-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND.

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

BALTIMORE-15-47

D. STREET ADDRESS (If rural, give location)

2940 CLIFTON AVE.

5. SEX

M

6. COLOR OR RACE

W-

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED.

8. DATE OF BIRTH

Sept. 25, 1868

9. AGE (in years
last birthday)

83

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk Frt. Clms

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

MARYLAND-

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Ramsey

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Stephens W. Leitch - Windsor Court Apt

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

MYOCARDIAL INFARCTION

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

HYPERTENSION

(C)

+ ARTERIO SCLEROSIS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4-12, 1952, to 4-12, 1952, that I last saw the
deceased alive on 4-12, 1952, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Heghewer, Jr.

23B. ADDRESS

University 7000

23C. DATE SIGNED

4-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/16/52

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams

Wm J. Lickner & Sons
Baltimore Md.

CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

Marital Status

Previous Illnesses

Signature of Physician

Signature of Registrar

Signature of Informant

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

542 Medical Examiner Notified
52 3577
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3577

1. NAME OF DECEASED (Type or Print) <i>Kimmelschue, Charles M.</i>		2. DATE OF DEATH <i>4/12/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write full name and township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2858 W. 140/60any St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Oct 14 1901</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BARBER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Barber</i>	9. AGE (in years last birthday) <i>50 37</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Louis M. Kimmelschue</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Moser</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>414-03-1631</i>	
17. INFORMANT <i>2858 W. 140/60any St.</i>		18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Primary Renal Cholesterol</i>	
ANTECEDENT CAUSES		(B) <i>Secondary Alcoholism</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Pneumonia, Peritonitis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>4/12/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cardy. - Distension & Pericarditis & fluid in Pericardium</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4/12</i> , 19 <i>52</i> to <i>4/12</i> , 19 <i>52</i> that I last saw the deceased alive on <i>4/12</i> , 19 <i>52</i> , and that death occurred at <i>6:49 a.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Edward P. Smith</i>		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>4-12-52</i>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24A. DATE <i>4-12-52</i>		24B. NAME OF CEMETERY OR CREMATORY <i>SALEM LUTHERAN CEM</i>	
24C. LOCATION (City, town, or county) <i>CATONSVILLE MD</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Walter C. Walters</i>		ADDRESS	

500 44 / Pathy (Clariker St.)

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3578

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Sara Smith</u>		2. DATE OF DEATH <u>Apr. 11, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 7-06</u>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>626 Kenwood Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sep. 11, 1881</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>70 yrs</u>
11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>John Keller</u>		14. MOTHER'S MAIDEN NAME <u>Sara Morrow</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Hemorrhage, left central hemisphere</u>	CAUSE OF DEATH <u>Hypertensive Cardiothor. Disease</u> <u>Generalized Atherosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 d.</u> <u>4 years</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (B) <u>Middle Cerebral Thrombosis, Right</u>	<u>4 yrs</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-8, 1952 to 4-11, 1952 that I last saw the deceased alive on 4-11, 1952 and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Richard S. Ross</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>11 April 52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 15/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Balto. Cem.</u>	
24D. LOCATION (City, town or county) <u>Balto. Md.</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, Jr.</u>		24F. ADDRESS <u>John L. Miller 2334 Jefferson St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 14 1952</u>					

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of Mayor

Signature of Governor

Signature of President

Signature of Vice President

Signature of Speaker of House

Signature of Chief Justice

Signature of Chief of Police

Signature of Chief of Fire Department

Signature of Chief of Sanitation Department

Signature of Chief of Education Department

Signature of Chief of Public Works Department

Signature of Chief of Police Department

Signature of Chief of Fire Department

Signature of Chief of Sanitation Department

Signature of Chief of Education Department

Signature of Chief of Public Works Department

Signature of Chief of Police Department

Signature of Chief of Fire Department

Signature of Chief of Sanitation Department

Signature of Chief of Education Department

Signature of Chief of Public Works Department

Signature of Chief of Police Department

Signature of Chief of Fire Department

Signature of Chief of Sanitation Department

Signature of Chief of Education Department

Signature of Chief of Public Works Department

Signature of Chief of Police Department

Signature of Chief of Fire Department

Signature of Chief of Sanitation Department

Signature of Chief of Education Department

Signature of Chief of Public Works Department

400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3579

BIRTH NO. 52 3579

1. NAME OF DECEASED (Type or Print) Edward J. Gill

2. DATE OF DEATH 4-12-1952

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION 5521 Hollins St

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
5521 Hollins St

8. DATE OF BIRTH JAN 17-1886

9. AGE (In years last birthday) 66

10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.

10A. USUAL OCCUPATION (If kind of work done during most of working life, and if retired)
BAR OPERATOR RET

10B. KIND OF BUSINESS OR INDUSTRY
BALTO TRANSIT

11. BIRTHPLACE (State or foreign country)
BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John Gill

14. MOTHER'S MAIDEN NAME
CATHERINE KAISER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
13-10-2516

17. INFORMANT'S ADDRESS
ROSE R. GILL 5521 HOLLINS ST

18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Coronary Thrombosis, acute
DUE TO
(B) Arteriosclerosis, generalized 14 year.
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
15 minutes

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY
21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to 4/12, 1952, that I last saw the deceased alive on 4/12, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE
Edward J. J. Krey M.D.

23B. ADDRESS
4508 Edmondson Village

23C. DATE SIGNED
4/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE
4-16-1952

24C. NAME OF CEMETERY OR CREMATORY
NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State)
BALTO MD

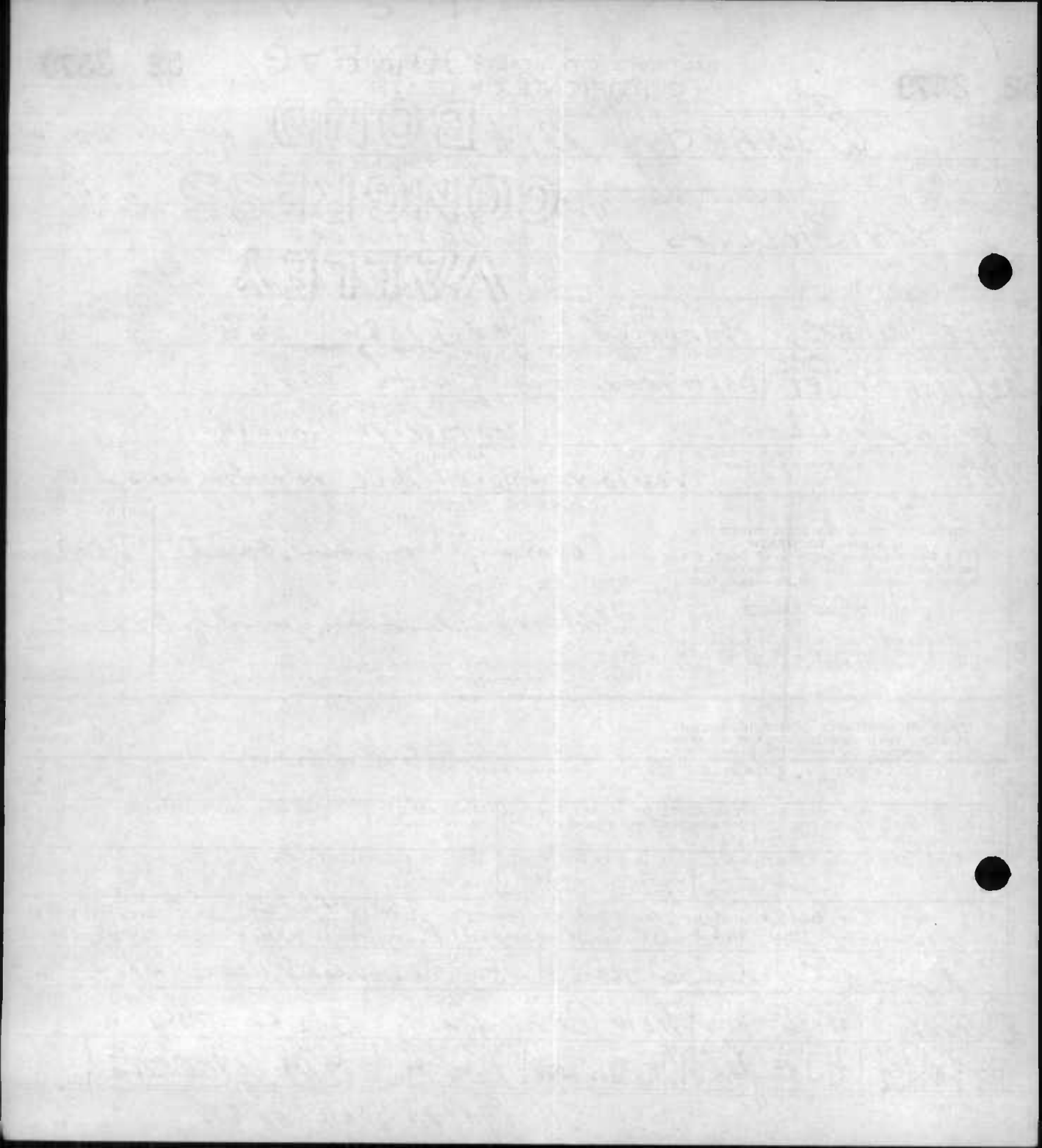
DATE RECEIVED BY LOCAL REGISTRAR
APR 14 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
North & B. M. Walters

ADDRESS
631 51 PRATTY STICKER STS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3580

612
52 3580
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Bessie Carbaugh</i>			2. DATE OF DEATH <i>4-14-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Washington</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hagerstown</i>		
6. Length of stay in Baltimore <i>4</i>			D. STREET ADDRESS (If rural, give location) <i>Route #2</i>		
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>?</i>		11. AGE (in years last birthday) <i>71</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>?</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hospital Record</i>
16. ADDRESS					

18. <i>199-5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Vascular Accident and or Cerebral Metastases from unknown site</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (A) DUE TO (B) DUE TO (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4/13/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Increased Intra Cranial Pressure</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>No</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>12:01 PM, 4-14-52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>?</i>	
22. I hereby certify that I attended the deceased from <i>4:55</i> , 19 <i>52</i> , to <i>4-14</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>12:01 PM, 4-14-52</i> , and that death occurred at <i>4:55</i> Am., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. W. Mitchener</i>		23B. ADDRESS <i>Church Home Hospital</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>?</i>		24B. DATE <i>April 17 1952</i>		24C. NAME OF CEMETERY or CREMATORY <i>Broadfording</i>		24D. LOCATION (City, town, or county) (State) <i>Broadfording Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>357 S. ...</i>		ADDRESS <i>Hagerstown, Md.</i>	

1081 50

18

620
52 3581BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3581
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Brooks

2. DATE
OF
DEATH

4/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1010 S. Eutaw Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, City.

D. STREET ADDRESS (If rural, give location)

1010 S. Eutaw Street

C. Length of stay in Baltimore 20Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/15/1892

9. AGE (In years,
last birthday)

60

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lancaster, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

John Mitchell-1010 S. Eutaw Street

18. 446x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr - 8, 1952, to Apr 12, 1952, that I last saw the deceased alive on Apr 7, 1952, and that death occurred at 2. A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore, City.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

VS 150

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3582**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Josephine Rasmussen

2. DATE
OF
DEATH

4/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

**St. Joseph's Hospital
1400 N. Caroline St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Essex

D. STREET ADDRESS (If rural, give location)

109 N. Stuart Ave. #21

5200

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 30 - 1882

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

2 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

William Baker

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

14. MOTHER'S MAIDEN NAME

Federicka M. Holtzman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Rasmussen (Son)

CAUSE OF DEATH

18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute Pulmonary Edema**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute Left Ventricular Failure**

DUE TO

(C) **Hypertensive CVD**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 11, 1952**, to **April 11, 1952**, that I last saw the deceased alive on **April 11, 1952**, and that death occurred at **11:10 PM** from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

April 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Apr. 15 - 1952

Oak Lane

Balto Co

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams, M.D.

John S. Connolly - 418 Eastern Ave

VS 150

Balto 21 Md.

MEDICAL CERTIFICATION

3822

3

3822

RECEIVED

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 3583**

BIRTH NO. **52 3583**

1. NAME OF DECEASED (Type or Print) JOHN FRANCIS EARNSHAW			2. DATE OF DEATH Apr. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3503 Fairview Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3503 Fairview Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 16, 1868		9. AGE (In years, last birthday) 84
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food & Drug Dept.		10B. KIND OF BUSINESS OR INDUSTRY U. S. Gov't.	11. BIRTHPLACE (State or foreign country) W. Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Benjamin Earnshaw			14. MOTHER'S MAIDEN NAME Mary E. Shaver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Benjamin A. Earnshaw - 3503 Fairview Av		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) cerebral hemorrhage and paralysis DUE TO (B) Arteriosclerosis and hypertension DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 10, 1952** to **Apr. 12, 1952** that I last saw the deceased alive on **Apr. 12, 1952**, and that death occurred at **a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Charles D. Wickett	23B. ADDRESS 2220 Harrison Blvd	23C. DATE SIGNED 4/14/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/16/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. E. Sicker & Sons	ADDRESS Balto 17, Md.
--	---	---	---------------------------------

1900

UNITED STATES OF AMERICA

1900

THE SECRETARY OF THE INTERIOR

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

OFFICE OF THE ASSISTANT SECRETARY

WASHINGTON, D. C.

RECEIVED

1900

1900

1900

1900

1900

1900

1900

1900

516
52 3584BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3584

1. NAME OF DECEASED (Type or Print) ALICE M. LINEWEAVER		2. DATE OF DEATH Apr. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2103 Windsor Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2103 Windsor Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 11, 1873
9. AGE (in years last birthday) 78		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Harrison		14. MOTHER'S MAIDEN NAME Annie Simmons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Russell Disney		ADDRESS 3109 Poplar Terr.	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct , 19 51 , to April 12, 1952 that I last saw the deceased alive on April 11, 1952 , and that death occurred at 3:00 m., from the causes and on the date stated above.			
23A. SIGNATURE J. McCallin		23B. ADDRESS 3321 Frederick Ave	
23C. DATE SIGNED 4/14/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/15/52	
24C. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		24D. LOCATION (City, town, or county) (State) Owings Mills, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Wm. J. Vickner & Sons		ADDRESS Balto 17, Md.	

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

2029

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3585
Registered No. _____

620 52 3585 BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Harry P. Gross</i>		2. DATE OF DEATH <i>April 12, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1506 N. Chapel St.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		5. SEX <i>male</i> 6. COLOR OR RACE <i>white</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>			
C. Length of stay in Baltimore		8. DATE OF BIRTH <i>8-25-97</i>		9. AGE (In years last birthday) <i>54</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>const.</i>		11. BIRTHPLACE (State or foreign country) <i>Balt. Mo</i>	
13. FATHER'S NAME <i>John Gross</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>220-89-4567</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. I <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the bladder</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Anemia</i>		CAUSE OF DEATH (A) <i>Carcinoma of the bladder</i> (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>± 2 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19a. DATE OF OPERATION <i>4-12-52</i>			
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-8</i> , 19 <i>52</i> , to <i>4-12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-12</i> , 19 <i>52</i> , and that death occurred at <i>4:28</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/12/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/15/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt. Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>5305 Bayford</i>	

1944

CERTIFICATE OF DEATH

1944

Name of Deceased		Date of Birth		Sex		Race		Marital Status		Occupation	
John Doe		1910		Male		White		Married		Farmer	
Cause of Death		Date of Death		Place of Death		Time of Death		Physician		Hospital	
Heart Disease		1944		Home		10:00 AM		Dr. Smith		St. Mary's	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Deceased		Signature of Family		Signature of Burial	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Date of Certificate		Date of Burial		Date of Interment		Date of Cremation		Date of Disposition		Date of Final Disposition	
1944		1944		1944		1944		1944		1944	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3586**

1. NAME OF DECEASED (Type or Print) <i>Florence Ann Bauer</i>		2. DATE OF DEATH <i>4/11/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Quin Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE 27-05</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>7509 Harford Rd.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>May 8-1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>76</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. FATHER'S NAME <i>George Ashby</i>		12. CITIZEN OF WHAT COUNTRY?	
13. MOTHER'S MAIDEN NAME <i>Delia Lynch</i>		14. INFORMANT <i>Mrs. Rhea B. Young - 15 Edward Sq.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. ADDRESS		18. ADDRESS	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		CAUSE OF DEATH <i>Northampton, Mass</i> <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 h.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		(B) <i>H. C. V. S.</i>			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4/11/52*, 19__, to *4/11/52*, 19__, that I last saw the deceased alive on *4/11/52*, 19__, and that death occurred at *10:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Harvey S. Green, Jr.</i>		23B. ADDRESS <i>Quin Memorial Hosp</i>		23C. DATE SIGNED <i>4/11/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/15/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Bethesda Md</i>		25. FUNERAL DIRECTOR <i>J. Ruck</i>		ADDRESS <i>5305 Harford Rd.</i>	

DATE RECEIVED BY LOCAL REGISTRAR: *APR 14 1952* REGISTRAR'S SIGNATURE: *Huntington Williams*

MEDICAL CERTIFICATION

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above.

I am sorry to hear that you are having trouble with the machine.

I will be glad to send you a new one if you wish.

Very truly yours,

J. H. Smith

Yours faithfully,
J. H. Smith

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-3587**

650
2-3587
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES J. BROWN			2. DATE OF DEATH APR 13, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) a. STATE MD b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Memey Hospital			c. CITY OR TOWN (If outside corporate limits, write FULL and give township) BALTIMORE 27-01		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 2853 PUGHMAN AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/18/1908		9. AGE (in years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Policeman			11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Franklin M. Brown			14. MOTHER'S MAIDEN NAME Genevieve Lohrey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Janne Brown		ADDRESS

18. 581.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular		340 +
DUE TO		(B)		
DUE TO		(C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 1, 1952** to **April 13, 1952**, that I last saw the deceased alive on **April 13, 1952** and that death occurred at **1:00** m., from the causes and on the date stated above.

23a. SIGNATURE Claymond A. Commey		23b. ADDRESS Memey Hospital		23c. DATE SIGNED APR 15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/52	24c. NAME OF CEMETERY OR CREMATORY New Cathedral	24d. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR J. Beck		ADDRESS 5305 Wayford

MEDICAL CERTIFICATION

1941

UNITED STATES DEPARTMENT OF AGRICULTURE

STATION TO STATION

1941

1941

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 3588

263
2 3588
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Goldie Richardson</i>			2. DATE OF DEATH <i>11 April 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Penna.</i> B. COUNTY <i>V-35</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>614 N. Bond St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Philadelphia</i>		
C. Length of stay in Baltimore <i>14 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1911 Montgomery Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10 Nov 1907</i>		9. AGE (In years last birthday) <i>44 45</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Charles Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Emma Pierce</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>199-185414</i>		17. INFORMANT ADDRESS <i>Soldie Wacker 614 N. Bond St.</i>	

18. <i>199.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>16 days</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Peritonitis</i>	
DUE TO		(B) <i>Abdominal carcinoma</i>	
DUE TO		(C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>14 Mar 52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Diffuse abd. carcinoma/adrenocarcinoma</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *31 Mar*, 1952, to *11 April*, 1952, that I last saw the deceased alive on *11 Apr*, 1952, and that death occurred at *8:00 AM.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Renold B. Johnston</i>	23B. ADDRESS <i>501 Cherry Hill Road</i>	23C. DATE SIGNED <i>11 Apr 52</i>
---	---	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>4-14-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt calvary cem</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>
---	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 14 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Chas Wilson</i>	ADDRESS <i>1000 Brantley</i>
--	---	--	---------------------------------

MEDICAL CERTIFICATION

REPUBLIC OF DEAN

1970

1970

1970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3589

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna (or) ANNIE FENNE			2. DATE OF DEATH April 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, white RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2910 Echodale Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 8, 1908		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bernard Fenne			14. MOTHER'S MAIDEN NAME Kunigunda Lieb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Marie Sporrer 2910 Echodale		

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-15-52

Holy Redeemer Cem

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.

STATEMENT OF WORK

THIS STATEMENT OF WORK

NOV 10, 1968

DATE

11/10/68

11/10/68

11/10/68

11/10/68

11/10/68

1

11/10/68

11/10/68

656
52 3590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3590

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Kathryn Turner* 2. DATE OF DEATH *Apr 13, 1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland *1200 Valley St* 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *MD* B. COUNTY *MD*

B. FULL NAME OF (If not in hospital or institution, give street address or location) *Little Sister of the Poor* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balto MD*

D. STREET ADDRESS (If rural, give location) *1442 N. Broadway*

c. Length of stay in Baltimore *6 yrs* Yrs. Mos. Days

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *DIVORCED* 8. DATE OF BIRTH *1-20-1875* 9. AGE (In years last birthday) *77* 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) *Baltimore Md* 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Robert Williamson* 14. MOTHER'S MAIDEN NAME *Mary Wager*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT *Little Sister of the Poor* ADDRESS

18. *420.0* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH *2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) *Arterio Sclerotic Heart Disease* (C) *Arterio Sclerosis*

INTERVAL BETWEEN ONSET AND DEATH *5 yrs*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 1, 1952* to *April 13, 1952* that I last saw the deceased alive on *April 10, 1952*, and that death occurred at *5:40 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Gill Hall* 23B. ADDRESS *16318 North Ave* 23C. DATE SIGNED *4/14/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *4/16/52* 24C. NAME OF CEMETERY OR CREMATORY *Holy Redeemee* 24D. LOCATION (City, town, or county) (State) *MORRIS & BELANO MD*

DATE RECEIVED BY LOCAL REGISTRAR *APR 14 1952* REGISTRAR'S SIGNATURE *Huntington, Williams, M. Leonard* 25. FUNERAL DIRECTOR *J. Ruck* ADDRESS *3305 Highland Rd*

VS 150

100

25

OFFICE OF THE

COMMISSIONER OF THE

100



Y-25-2
2 3591

52 3591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

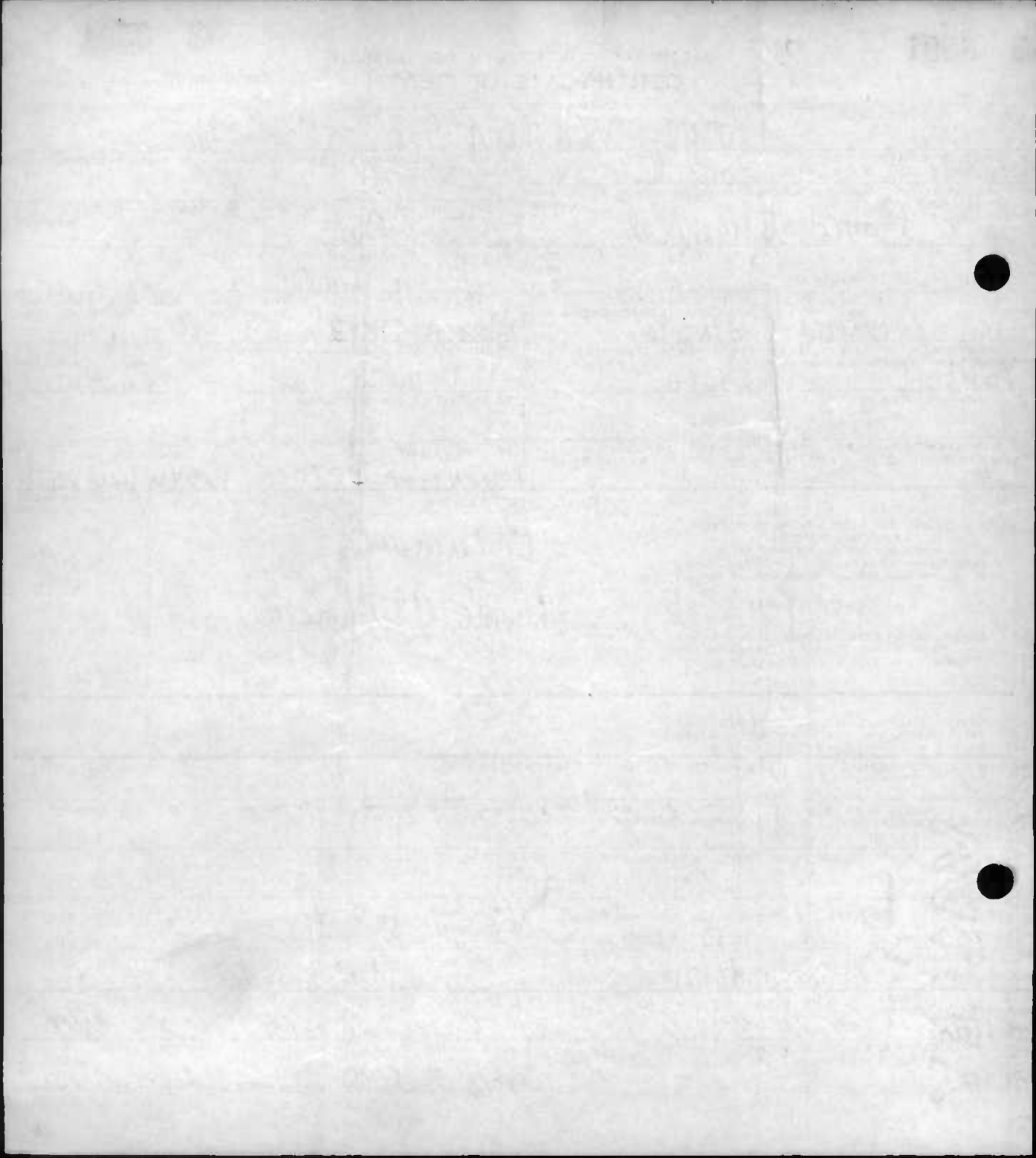
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George Washington		2. DATE OF DEATH 4/11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 16-01	
D. STREET ADDRESS (If rural, give location) 1224 W. Lanvale St			
5. SEX M.	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Single	8. DATE OF BIRTH March 15, 1898
9. AGE (in years last birthday) 59		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Store	
11. BIRTHPLACE (State or foreign country) Conway S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME J		14. MOTHER'S MAIDEN NAME J	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Lorenz or Bethor		ADDRESS 1224 W. Lanvale St	

18. 2221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) Chronic Alcoholism		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/5 , 19 52 to 4/11 , 19 52 that I last saw the deceased alive on 4/11 , 19 52 and that death occurred at 11:45 p m., from the causes and on the date stated above.					
23A. SIGNATURE J. Goniondski		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 4/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 15, 1952		24C. NAME OF CEMETERY OR CREMATORY W. T. Zion Cem.	
24D. LOCATION (City, town, or county) Lanndon Md		24E. STATE Md		24F. DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	
24G. REGISTRAR'S SIGNATURE Huntington Williams		24H. M.D. MD		24I. FUNERAL DIRECTOR Mr. Robert R. Williams	
24J. ADDRESS 3221		24K. 780 CV			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3592
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) INEZ BRYANT		2. DATE OF DEATH April 11, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 4-02	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 755 1/2 West Mulberry Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5, 1912
9. AGE (In years last birthday) 39		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME John P. Rogers		12. MOTHER'S MAIDEN NAME Lillie Haso	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		14. SOCIAL SECURITY NO.	
15. INFORMANT Warren Bryant		16. ADDRESS 755 1/2 W. Mulberry St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>Stanley B. Duckles</i> M.D.		23b. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23c. DATE SIGNED 4/11/52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Arbutus		24d. LOCATION (City, town, or county) (State) MD
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE <i>Hurlington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate P. Williams</i> ADDRESS 3227 Schuylkill

OFFICE OF THE

UNITED STATES DEPARTMENT OF AGRICULTURE

1910

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side.]

260
52 3593BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3593

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elie A Tucker</i>			2. DATE OF DEATH <i>4-13-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto City Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto City</i> B. COUNTY <i>20-06</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>university hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>3043 Stafford St</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location)		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug 4 - 1905</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Balto Ironworks</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Porting -</i>	11. BIRTHPLACE (State or foreign country) <i>Balto City</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John C. Tucker</i>			14. MOTHER'S MAIDEN NAME <i>Sadie Purpura</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>217-01-4934</i>	17. INFORMANT ADDRESS <i>Mary E Wenderling</i>		

CAUSE OF DEATH

18. *600.0*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Metabolic acidosis (severe)*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Renal failure*
DUE TO
(C) *Bilateral Pyelonephritis*INTERVAL BETWEEN ONSET AND DEATH
*approx 2 wks.*OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Anemia - severe -

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. D. Brown</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>4-13-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Not Olivet Cem Balto Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Frederick Md</i>		24E. FUNERAL DIRECTOR <i>Edwards Funeral</i>		24F. ADDRESS <i>2339 Wash Blvd Balto 30 Md</i>	

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

256
52 3594BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3594
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. WAGNER

2. DATE
OF
DEATH

APRIL 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

218 RIDGEWOOD RD.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWED

8. DATE OF BIRTH

JAN 21, 1876

9. AGE (in years
last birthday)

76

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR
INDUSTRY

BOX MFG.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

MARTIN WAGNER

14. MOTHER'S MAIDEN NAME

ELIZABETH ROPER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

213-01-1277

17. INFORMANT

ADDRESS

MRS. M. W. KENNY 312 TUNBRIDGE RD.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

2 months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Intens. Hemorrh. (Coronary)

5 years

(C)

Myocardial Infarction

1 year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1st, 1945, to April 12th, 1952, that I last saw the
deceased alive on April 12, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Chatard

M. D.

23B. ADDRESS

15 E. Biddle St (2)

23C. DATE SIGNED

April 14, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-15-1952

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT CEM.

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS & SONS Co. 4905 YORK RD.

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

1022

55

1022

55

RECEIVED

52 3595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3595

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. FREYMAN

2. DATE
OF
DEATH

April 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write P. R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5504 Ready Ave.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Mem. Hosp.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Nov. 26, 1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dispatcher

10B. KIND OF BUSINESS OR
INDUSTRY

Cab Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Freyman

14. MOTHER'S MAIDEN NAME

Caroline R. senberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Richard Freyman - Salem, Mass.

18. 4-1-4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITIDN CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1935, to April 11, 1952, that I last saw the
deceased alive on April 3, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/16/52

Balto. National Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 14 1952

Huntington Williams, M.D. J. J. Lickner & Sons

VS 150

322 54

Balto 17, Md.

MEDICAL CERTIFICATION

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

613

52 3596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3596

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE YEAGER GRAFTON

2. DATE
OF
DEATH

Apr. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

633 E. 33rd St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

633 E. 33rd St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 15, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. Yeager

14. MOTHER'S MAIDEN NAME

Ellen Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Erma Grafton - 633 E. 33rd St.

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of cervix

DUE TO

4 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 1950

19B. MAJOR FINDINGS OF OPERATION

malignancy - c gland involvement

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1952, to Apr 12, 1952, that I last saw the
deceased alive on Apr 11, 1952, and that death occurred at 1:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo. D. Lister

23B. ADDRESS

M. D.

416 S. Cantonment Ph Ave

23C. DATE SIGNED

4/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas. G. Lickner & Sons

ADDRESS

Balto 17, Md.

STATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3597

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Also known as

ADAM (PHILLIPS) (PAPLANKOS) (PAPLAUCKAS)

2. DATE OF DEATH April 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
City Hospitals

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1891

9. AGE (In years last birthday)

60

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

CAT-MAKER

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

FRANK PAPLAUCKAS ELKIDGE, MD

ADDRESS -

CAUSE OF DEATH

18. E978X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Skull Fracture

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore City Hospitals, 4940 Eastern Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 7, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from second story window

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Wood

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

April 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Church

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 14 1952

REGISTRAR'S SIGNATURE

Huntington, William

25. FUNERAL DIRECTOR

Charles W. Jackson, 703 McHenry St

ADDRESS

VS 151

N 803.2

590 46

MEDICAL CERTIFICATION

IN SENATE

JANUARY 1, 1937

REPORT OF THE

COMMISSIONER OF

THE STATE OF NEW YORK

FOR THE YEAR 1936

ALBANY: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

NEW YORK: JAMES B. LEE, JR.,

PRINTING OFFICE, 1937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3598

1. NAME OF DECEASED (Type or Print) Mildred C. Sutton		2. DATE OF DEATH April 12, 1952.	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION I407 Reynolds Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 24-01	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) I407 Reynolds St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22,
9. AGE (In years last birthday) 51		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME George F. Akers		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT George D. Sutton		ADDRESS I407 Reynolds St.	
18. 174x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Uterus + Appendix DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/10/52, 19, to 4/12, 1952, that I last saw the deceased alive on 4/12, 1952 and that death occurred at 3:30 P. M., from the causes and on the date stated above.			
23A. SIGNATURE J. B. White		23B. ADDRESS M. D. 1279 Guilham St.	
23C. DATE SIGNED 4/14/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 15, 1952	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Flannery & Fleming		ADDRESS I426 Light St.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3599**

420
3599

1. NAME OF DECEASED (Type or Print) Rose Kowalska		2. DATE OF DEATH 4-13-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) a. STATE Md. b. COUNTY Baltimore, Md.	
b. FULL NAME OF HOSPITAL OR INSTITUTION 231 S. Washington Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
c. Length of stay in Baltimore 80 yrs		d. STREET ADDRESS (If rural, give location) 231 S. Washington Street	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-21-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael Mowaka		14. MOTHER'S MAIDEN NAME Maryanna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Theresa Schmuskler- 231 S. Washington Street	

18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 Yrs.
(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senile Arteriosclerosis, Generalized		
(B) DUE TO		10 Yrs.
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 4-13-52	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan.**, 19 **52** to **April**, 19 **52**, that I last saw the deceased alive on **Apr. 13**, 19 **52**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Clarence W. H. Jones	23b. ADDRESS 3023 Eastern Ave.	23c. DATE SIGNED 4/14/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-52	24c. NAME OF CEMETERY OR CREMATORY Holy Rosary
24d. LOCATION (City, town, or county) (State) Baltimore, Md.	25. FUNERAL DIRECTOR Lilly & Zeiler, Inc. 403 S. Wolfe Street	

MEDICAL CERTIFICATION

Dr. Lachry-
Eastern An. Decker

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3600**

BIRTH NO. **522 3600**

1. NAME OF DECEASED (Type or Print) ANDREW ANUCZEWSKI			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 2-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 516 S. Washington Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-8-97		9. AGE (In years last birthday) 54 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Michael			14. MOTHER'S MAIDEN NAME Pelagia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Viola Tribull same address		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. H. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-17-52	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Ellis & Zeiler	ADDRESS 403 SS Wolfe Street
--	---	---	---------------------------------------

0000

0000

0000

Page 669

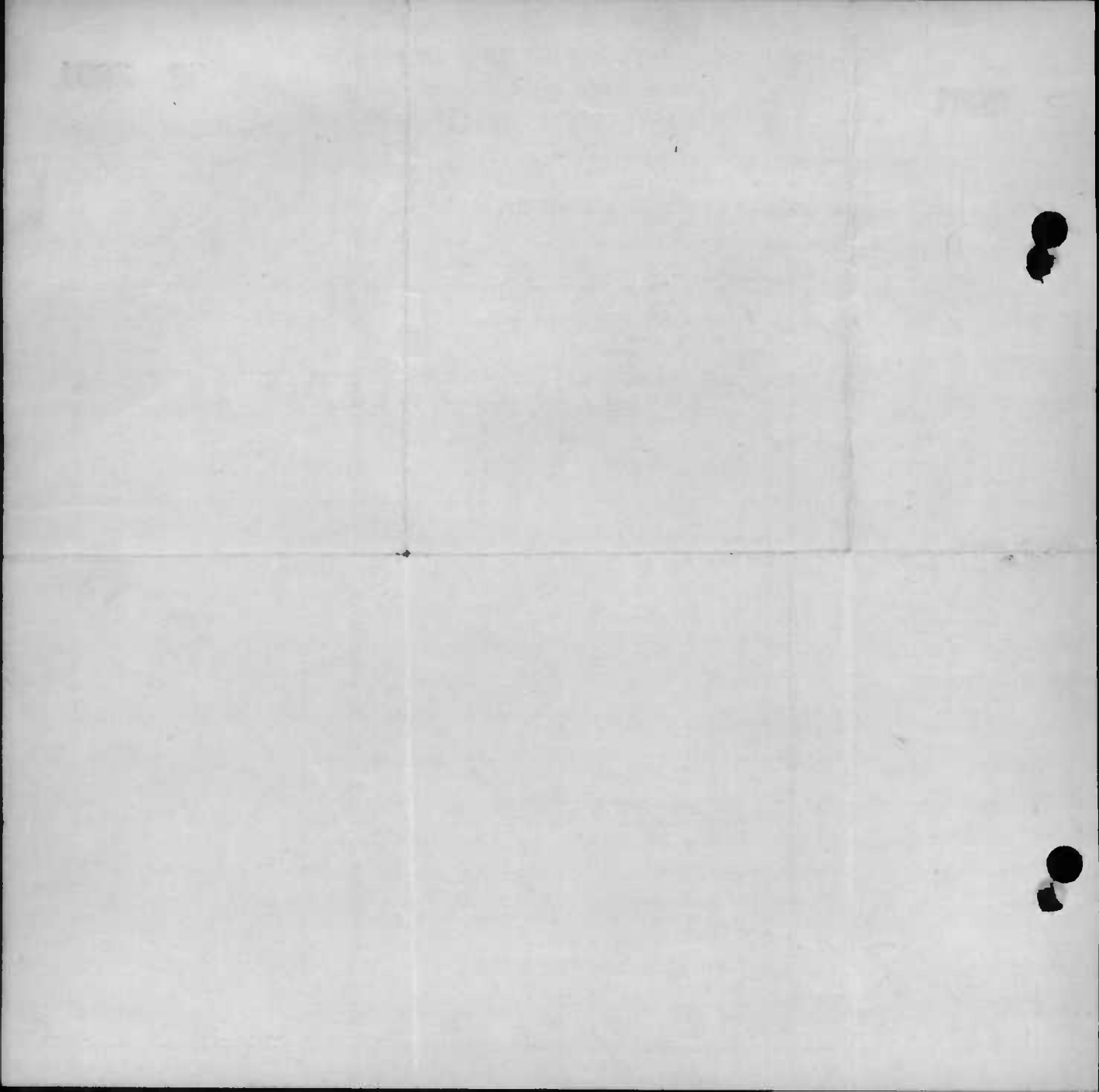
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Balto</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>South Home & Fork</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Balto</u> <u>FORK</u>	
HOSPITAL OR INSURANCE OR STREET ADDRESS <u>2520 Greenmount Ave</u>		STREET ADDRESS <u>2520</u>	
3. NAME OF DECEASED (Type or Print) <u>Martha</u> (First) <u>Belle</u> (Middle) <u>League</u> (Last)		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>10</u> (Year) <u>1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>none</u>	8. DATE OF BIRTH <u>Aug 24-1862</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday <u>89</u> yrs.	10. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
3. FATHER'S NAME <u>Parker Magness</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no, or unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs E. Schroeder King 1010 N. 1st St.</u>		18. MEDICAL CERTIFICATION	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <u>Chronic myocarditis</u> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>yes</u>	
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1, 1951</u> to <u>Apr 8, 1952</u> , that I last saw the deceased on <u>Apr 7/52</u> , 19 <u>52</u> , and that death occurred at <u>South</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Henry C. Hensch</u>		DATE SIGNED <u>Apr 11 1952</u>	
23. BURIAL CREMATION REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORY	
DATE THEREOF <u>Apr 15 1952</u>		LOCATION (City, town, or county) (State) <u>Fork C. Ch. Co. Md.</u>	
24. FUNERAL DIRECTOR REG. <u>APR 14 1952</u>		ADDRESS <u>C. E. Arthur Fork Md.</u>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 3602

52 3602

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George WILLIAM H. PARKER.				2. DATE OF DEATH 4-12-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 107 ALLEGANY AVE.	
5. SEX M	6. COLOR OR RACE W-	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 5/6/1880		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10B. KIND OF BUSINESS OR INDUSTRY County Public Bureau		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME RICHARD PARKER			12. CITIZEN OF WHAT COUNTRY? MARYLAND		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Hospital Records			ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION				INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
DUE TO (A) ARTERIOSCLEROSIS					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-11 19 52 , to 4-12 , 19 52 , that I last saw the deceased alive on 4-12 , 19 52 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. H. Lewis		23B. ADDRESS University Hosp		23C. DATE SIGNED 4-12-52	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 15 1952		24C. NAME OF CEMETERY OR CREMATORY Prospect Hill Cemetery	
24D. LOCATION (City, town, or county) (State) Towson, Md.		25. FUNERAL DIRECTOR John Burke Sons, Towson, Md.			
DATE RECEIVED BY LOCAL REGISTRAR APR 14 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C.

RECEIVED

1964

1964

1964

52 3603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3603

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin F. Farber

2. DATE
OF
DEATH

April 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3601 Edgegreen Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

13-08

D. STREET ADDRESS (If rural, give location)

3601 Edgegreen Ave.,

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

May 15, 1886

9. AGE (In years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dental Supply Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Dental Supply

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Annie Derr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-07-9039

17. INFORMANT

ADDRESS

Mrs. A. J. Porpora, 3601 Edgegreen Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1947, to April 13, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1202 St. Paul St.,

23C. DATE SIGNED

April 14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

April 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1952

Huntington Williams, M.D.

4611 Park Heights Ave.

VS 150

49065

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

April 12, 1952

John J. Taylor

1000

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

John J. Taylor

52 3604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3604

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER BUSENGER

2. DATE
OF
DEATH

APRIL 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2652 St. Benedict St.

c. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO NONE

214-05-3002

ROSE MARY BUSENGER 2652 St. Benedict St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardio
Vascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March, 1951, to 4/13, 1952, that I last saw the
deceased alive on 4/13, 1952, and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. J. J. J.

M. D.

3325 FARRINGTON AVE

4/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-16-52

Lorraine Park

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

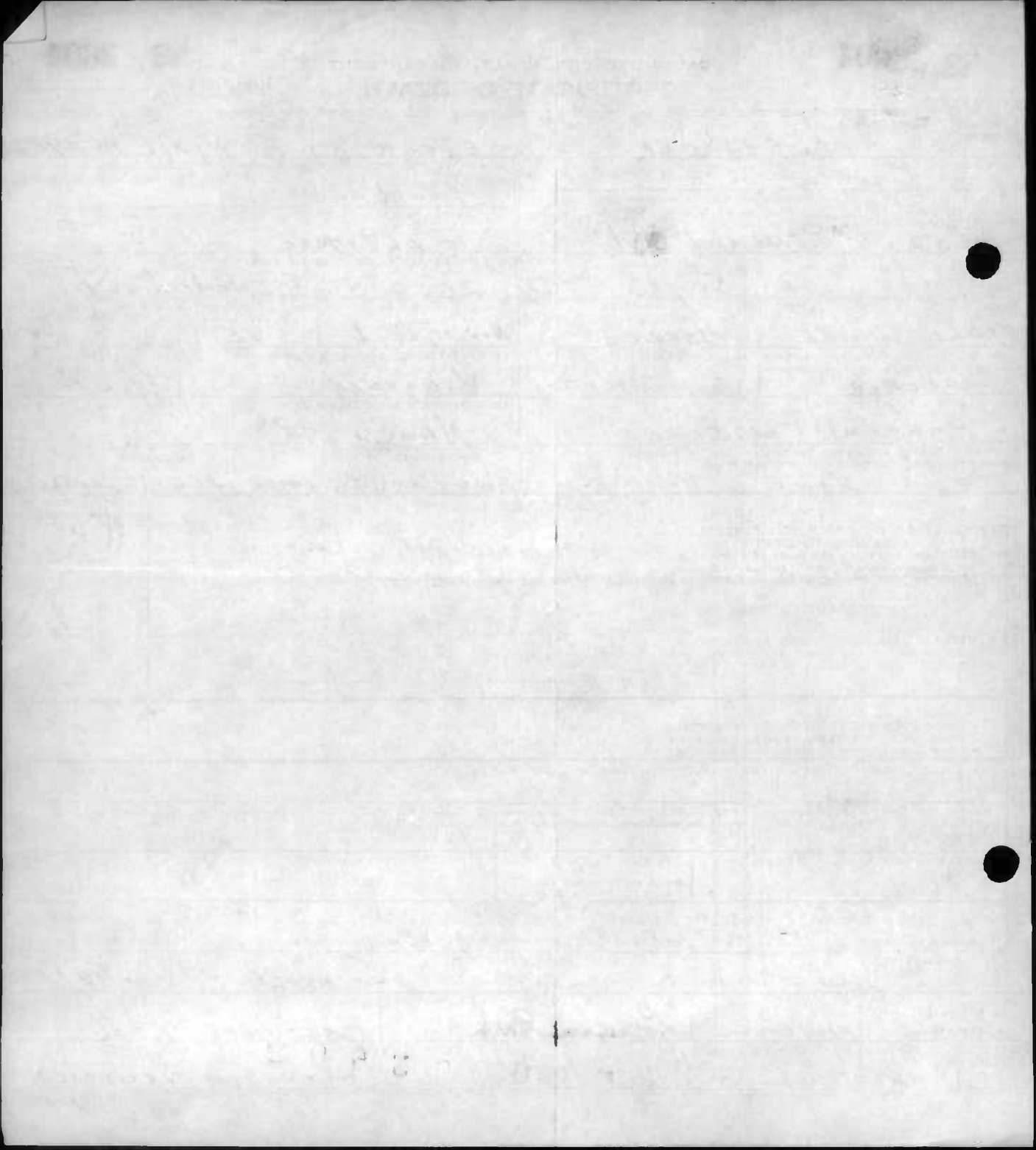
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1952

Huntington Williams, M.D. Geo. L. Schwab 2101 Frederick Ave.



400

CERTIFICATE CORRECTED 4-15-52

52 3605

52 3605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

A. MAE (MAY) SEELEY

1. NAME OF DECEASED
(Type or Print)

~~MAY SEELEY~~

2. DATE
OF
DEATH

April 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LUTHERAN HOSPITAL OF MD.

C. CITY OR TOWN

BALTIMORE 20-04

D. STREET ADDRESS (If rural, give location)

100 S. CATHERINE ST.

C. Length of stay in Baltimore

277 50 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

May 27, 1887

9. AGE (in years last birthday)

64

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STOCK CLERK

10B. KIND OF BUSINESS OR INDUSTRY

5 + 10 E STORE

11. BIRTHPLACE (State of foreign country)

Anne Arundel Co. BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Warfield

14. MOTHER'S MAIDEN NAME

Mary C. Loman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

314-70-4773

17. INFORMANT

Paul R. Seeley, 3605 Lansbeck Rd.

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

4 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 12, 1952, to April 12, 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Meriam S. Daly

M. D.

23B. ADDRESS

Lutheran Hosp of Md.

23C. DATE SIGNED

4/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

April 16, 1952

Woodlawn Cemetery

Woodlawn Luth & Hosp

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

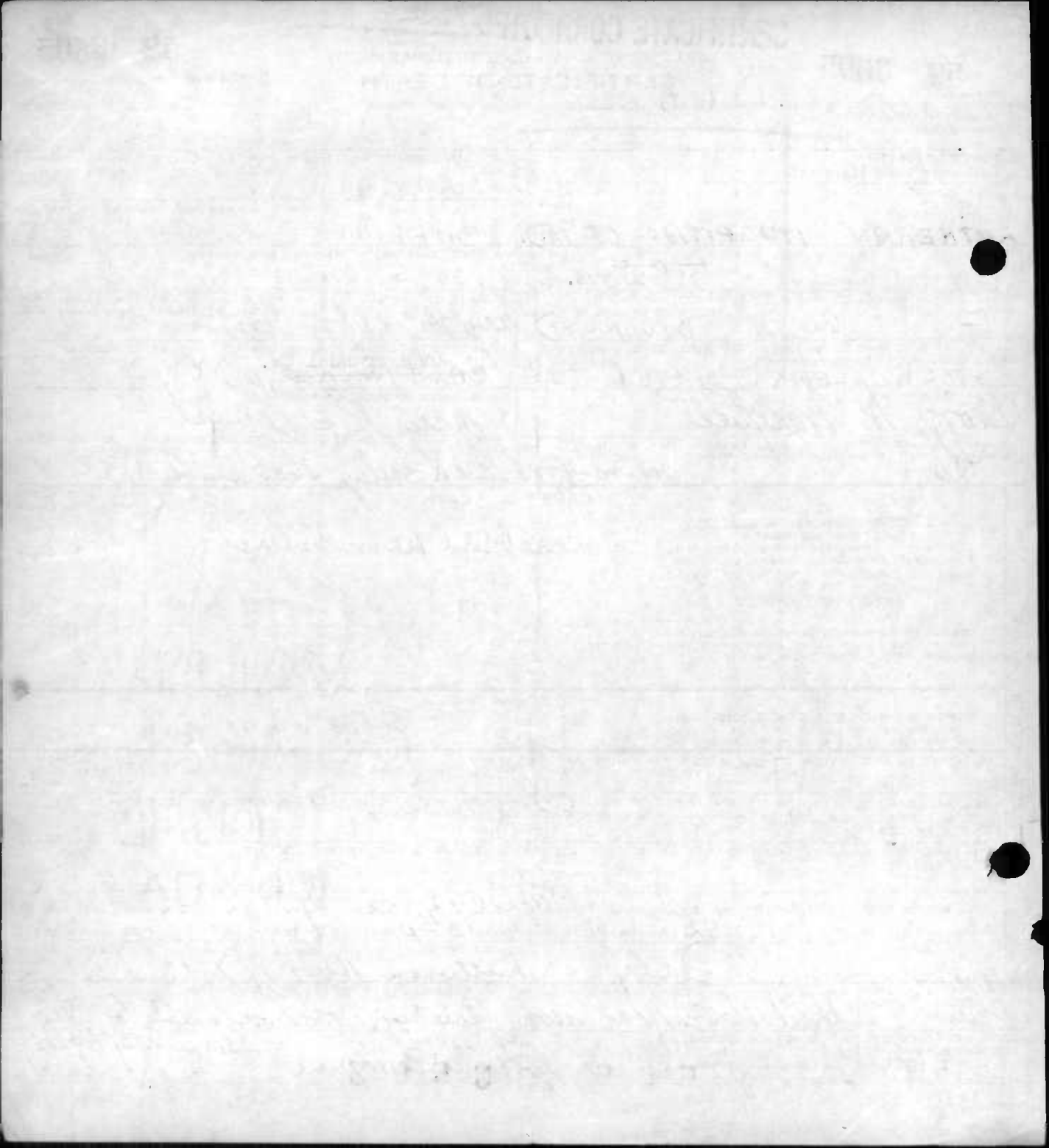
24D. FUNERAL DIRECTOR

APR 15 1952

Huntington Williams, Jr.

4510 Liberty Hgts Ave

MEDICAL CERTIFICATION



460

52 3606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3606

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John L. Miller

2. DATE
OF
DEATH

April, 12th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION Colonial Nursing and Convalescent Home, 4506 Frederick Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1107 Carroll St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 5th 1863

9. AGE (in years-
last birthday)

88

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Blacksmith

10B. KIND OF BUSINESS OR
INDUSTRY

National Paving Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Miller

14. MOTHER'S MAIDEN NAME

Mary A. Fagan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Johanna Miller 1107 Carroll St.

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Prostate Gland 2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10-5, 1951, to 4-12, 1952, that I last saw the
deceased alive on 4-10, 1952, and that death occurred at 4 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John P. Mulock, Jr.

M. D.

1222 Washington B'ldg.

4-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April, 16th 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

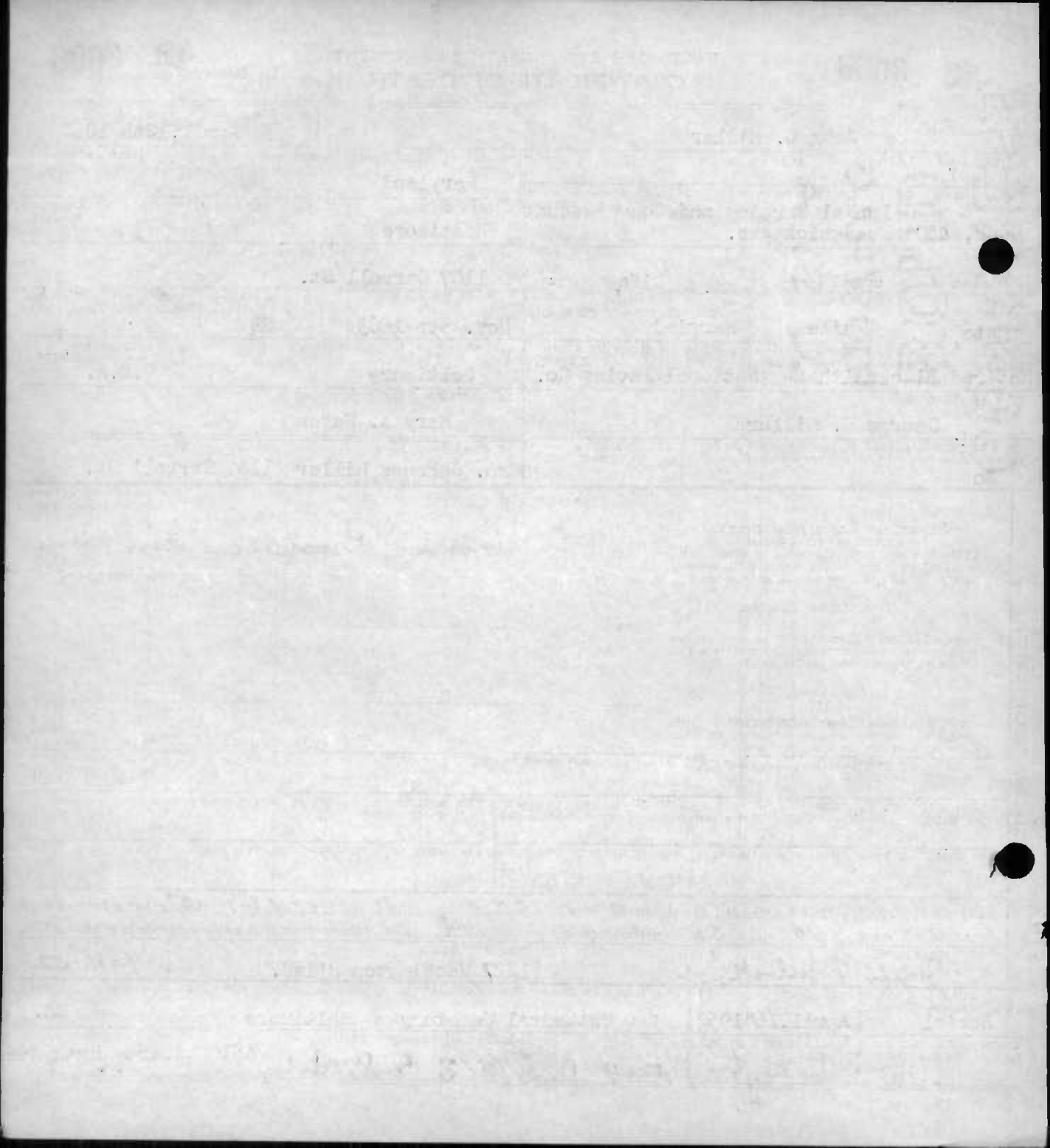
REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. & Sons, Inc.

4510 Liberty Hgts Ave



120
52 3607BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3607
Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Waymon Cabbage		2. DATE OF DEATH 4/12/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bon Secours Hospital 2025 W. Fayette St., Balto-23-Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-04	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2525 Hollins St., Balto-23-Md.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/31/1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER		10B. KIND OF BUSINESS OR INDUSTRY EXHAUST FANS	9. AGE (in years last birthday) 52
13. FATHER'S NAME James Cabbage		14. MOTHER'S MAIDEN NAME Effie Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 241X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO ANTECEDENT CAUSES Asthma DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		12. CITIZEN OF WHAT COUNTRY? Virginia	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4-11 1952 to 4-12 1952, that I last saw the deceased alive on 4-12 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.		23A. SIGNATURE Juan Mendoza M. D.	
23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 4-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 15, 1952	
24C. NAME OF CEMETERY OR CREMATORY Cathlamet		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR B 1512 Hollins St. Baltimore 23-Md	

52 3608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3608

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE J. KOCH

2. DATE
OF
DEATH

4/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

835 N HOWARD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

no

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

GENERAL MCD

13. FATHER'S NAME

John G KOCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, (no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

835 N HOWARD ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE

MD

11-03

D. STREET ADDRESS (If rural, give location)

835 N. HOWARD ST

8. DATE OF BIRTH

2/12/1866

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTH PLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

? 835 ADDRESS
MRS MARY MARCHEN N HOWARD ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Endocarditis obliterans

DUE TO

1 year

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

1D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 26, 1952, to April 13, 1952, that I last saw the
deceased alive April 12, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore F. Freeman

M. D.

23B. ADDRESS

6 E. Biddle St

23C. DATE SIGNED

4/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

4/16/52

24C. NAME OF CEMETERY OR CREMATORY

MT OLIVE TT CEM

24D. LOCATION (City, town, or county)

FREDERICK RD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D.

25. FUNERAL DIRECTOR

Chas P. S. Towell, 6411 WINDSOR MILL RD

ADDRESS

530

52 3609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) *Christina M. (ALICE) Smith.*2. DATE
OF
DEATH*4/14/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION *Franklin Square Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore.**23-02*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

8. DATE OF BIRTH

10/17/1888

9. AGE (In years last birthday)

63 64

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Eli SHEARER

14. MOTHER'S MAIDEN NAME

Don't know ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

*Oray D. Smith 1605 Patapsco Rd*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Poss. cerebral vascular accident - 4 days

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis (V disease).

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from *4/10*, 19*52*, to *4/14*, 19*52*, that I last saw the deceased alive on *4/10*, 19*52*, and that death occurred at *11:45 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Robert S. Chambers, D.**Franklin Square Hosp.**4/14/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 15 1952**Huntington Williams, M.D.**1420 S. E. 14th St. S.W.*

1910

[Faint, illegible text, likely bleed-through from the reverse side of the page]

52 3610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3610
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Gayo Sr.

2. DATE
OF
DEATH

4/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4011 Woodlea Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4011 Woodlea Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

11/26/1894

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

Broadway Mkt.

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Gayo

14. MOTHER'S MAIDEN NAME

Elizabeth Gayo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213.03.1469

17. INFORMANT

ADDRESS

Mrs. Minnie Gayo 4011 Woodlea Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Dilatation

2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ac Pneumonitis

DUE TO

(C)

Pulmonary tuberculosis 1937-1951

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1952, to April 12, 1952 that I last saw the
deceased alive on April 11, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

23B. ADDRESS

M. D.

3805 Belair Rd

23C. DATE SIGNED

April 14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/13/52

Parkwood

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1952

Hurlington Williams, M.D.

John T. O'Stansbury 2700 Edmondson Ave

In Document File 52-3610. there is a letter to
Dr. J. S. Harding from Dr. Silverman, Director
Bureau of Tuberculosis and also reply from
Dr. J. S. Harding authorizing tbc. findings.

3805 Beloit
80 5982

345
52 3611BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3611
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George E. Stallings*2. DATE
OF
DEATH*4/14/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*123 So. Monastery Ave*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

md.

C. CITY OR TOWN

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

123 So. Monastery Ave

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*9/13/1889*9. AGE (In years,
last birthday)*62*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during last 12 months, even if retired)*Machine Shop*10B. KIND OF BUSINESS OR
INDUSTRY*Shoemaker Machine Corp.*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Peter Stallings

MARINE ENGINES (M)

14. MOTHER'S MAIDEN NAME

*Mary Shamberg*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Frances A. Stallings

ADDRESS

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Coronary occlusion*INTERVAL BETWEEN
ONSET AND DEATH*3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

*Essential Hypertension*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Bronchoectasis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 19*41*, to *4/14*, 19*52*, that I last saw the
deceased alive on *4/11*, 19*52*, and that death occurred at *9:14* a. m., from the causes and on the date stated above.

23A. SIGNATURE

McCallister

M. D.

23B. ADDRESS

3321 Fred. Ave

23C. DATE SIGNED

*4/14/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Fredericks - Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Gowan & Son 30 So. ...

52 3612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3612

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>M. Catherine Pilkerton</i>			2. DATE OF DEATH <i>4-13-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALT. 18-03</i>		
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>40 S. Carrollton Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, <u>MARRIED</u> , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>7/17/15</i>	9. AGE (in years last birthday) <i>36</i>	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>House wife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		
11. BIRTHPLACE (State or foreign country) <i>Balt. Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Thomas Higgins</i>			14. MOTHER'S MAIDEN NAME <i>Nellie Harrison</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>James K. Pilkerton</i>			ADDRESS <i>40 S. Carrollton Ave</i>		

18. <i>581.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hepatic Insufficiency</i>	
ANTECEDENT CAUSES	(B) <i>Alcoholism</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Hepatic Cirrhosis</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
<i>Esophageal Varicos</i>		

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4-11-52</i> , to <i>4-13-52</i> , that I last saw the deceased alive on <i>4-11-52</i> , and that death occurred at <i>9:40</i> m., from the causes and on the date stated above.		
23a. SIGNATURE <i>Marvin J. Rombro</i>	23b. ADDRESS <i>Luth Hosp</i>	23c. DATE SIGNED <i>4-13-52</i>

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4/17/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	24d. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John J. Conner & Son</i>	ADDRESS <i>901 St.</i>

THE UNIVERSITY OF CHICAGO
LIBRARY

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs.]

314

52 3613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3613

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STAPLETON F. LEO

2. DATE
OF
DEATH

4-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

1628 Cole St.

8. DATE OF BIRTH

Unknown 1896

9. AGE (in years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boiler maker

10B. KIND OF BUSINESS OR
INDUSTRY

No Railroad

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Timothy Stapleton

14. MOTHER'S MAIDEN NAME

Margaret Cain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Francis Doonan

ADDRESS
1410 W ST.
Pratt

18. 157X and 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMATOSIS

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CARCINOMA PANCREAS -

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fibro-calcific T.B.C.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19 1952 to 4-12, 1952, that I last saw the
deceased alive on 4-12 1952, and that death occurred at 11:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

4-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

534
52 3614

SINDLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3614
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Barney Sinder</u>		2. DATE OF DEATH <u>April 14/1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institutional residence before admission) A. STATE <u>md.</u> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-09</u>	
6. LENGTH OF STAY IN BALTIMORE <u>48</u> Yrs. <u>Mon.</u> <u>Days</u>		D. STREET ADDRESS (If rural, give location) <u>3810 Banner Rd.</u>	
7. SEX <u>male</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	10. DATE OF BIRTH <u>12-21-85</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		12. AGE (In years last birthday) <u>66</u>	
13. FATHER'S NAME <u>Morton</u>		14. MOTHER'S MAIDEN NAME <u>not known</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	
18. <u>177X</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Prostate</u> (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Addison's crisis - 2 wks to infection to death</u>			
21. DATE OF OPERATION <u>3</u>		22. MAJOR FINDINGS OF OPERATION <u>Hypopharynx</u>	
23. DATE OF OPERATION <u>3</u>		24. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) INJURY	
29. INJURY OCCURRED		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <u>4-13</u> , 19 <u>52</u> , to <u>4-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>52</u> , and that death occurred at <u>8:50 P.m.</u> , from the causes and on the date stated above.		32. SIGNATURE <u>John T. Bayback</u>	
33. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		34. DATE SIGNED <u>4-14-52</u>	
35. NAME OF CEMETERY OR CREMATORY <u>Washington Rd.</u>		36. LOCATION (City, town, or county) (State) <u>Balto.</u> <u>Md.</u>	
37. DATE RECEIVED BY LOCAL REGISTRAR <u>APR 15 1952</u>		38. REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
39. FUNERAL DIRECTOR'S ADDRESS <u>Heirs Inc - 2100 Eastern Ave</u>		40. SIGNATURE <u>5606 E</u>	

VS 150

110

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

110

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Usual residence: [illegible]
7. Date of death: [illegible]
8. Time of death: [illegible]
9. Cause of death: [illegible]
10. Place of death: [illegible]
11. Signature of attending physician: [illegible]
12. Signature of registrar: [illegible]

13. Name of informant: [illegible]
14. Address of informant: [illegible]
15. Signature of informant: [illegible]
16. Date of completion: [illegible]

17. Name of informant: [illegible]
18. Address of informant: [illegible]
19. Signature of informant: [illegible]
20. Date of completion: [illegible]

21. Name of informant: [illegible]
22. Address of informant: [illegible]
23. Signature of informant: [illegible]
24. Date of completion: [illegible]

52 3615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3615
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REBECCA HONION

2. DATE
OF
DEATH

4-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3721 Leisterstown Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3721 Leisterstown Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

50

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/6/22

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

✓

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hathkan London - 6039 Cambridge

18. 4rr.1 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Degenerative Cardio-vascular Disease

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Congestive Heart Failure

DUE TO

Pulmonary Fibrosis - Tbc

(C)

Bronch

6 weeks

Many years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Broncho-pneumonia

10 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from January 1952 to 4-14-1952 that I last saw the deceased alive on 4-14-1952 and that death occurred at 2:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. G. Inouman M. D.

23B. ADDRESS

1109 N. Calver St

23C. DATE SIGNED

4-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-15-52

Hebrew Friendship

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1952

Harrington

2100 Canton Pl

Aussman
Mo 5138
Le 6065

+60

52 3616
BIRTH NO. 50-11988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3616

1. NAME OF DECEASED (Type or Print) <i>Carol Joan Miller</i>		2. DATE OF DEATH <i>4/15/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-09</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3909 Fairfax Rd</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>June 12 - 1950</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i>
13. FATHER'S NAME <i>Charles Miller</i>		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Ida Perkal</i>	
17. INFORMANT <i>Father</i>		ADDRESS <i>Same</i>	

18. <i>147.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Lymphangitis of sublingual tissues</i>	
ANTECEDENT CAUSES		(B) <i>Acute infectious edema causing laryngeal obstruction</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>4/15/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Laryngeal obstruction</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/14/52*, 19__, to *4/15/52*, 19__, that I last saw the deceased alive on *4/15/52*, 19__, and that death occurred at *7:35 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Alfred S. Nelson</i>	23B. ADDRESS <i>Baltimore 18 Maryland</i>	23C. DATE SIGNED <i>Apr. 15, 1952</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-15-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth T. Teloh</i>
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	25. FUNERAL DIRECTOR <i>James K. Lewis</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	ADDRESS <i>2100 Centre Pl</i>

1000

CERTIFICATE OF ADOPTION

1000



52 3617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3617
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE A. BURKART (SADIE A. BURKART)

2. DATE
OF
DEATH

4/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

197. Port St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

197. Port St

C. Length of stay in Baltimore

45 m

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 8, 1885

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

York Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Devilla

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Her. A. Burkart, 197. Port St

18. 472.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral anoxia

DUE TO

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiac arrest

DUE TO

4 hours

(C) Arteriosclerotic Cardiovascular Disease

Several
YearsOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Nephrolithiasis with Hydroxophosis

Several
Years

19A. DATE OF OPERATION

4/11/52

19B. MAJOR FINDINGS OF OPERATION

Nephrolithiasis, Hydroxophosis, Perinephritis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that, I attended the deceased from 3/30, 1952, to 4/11, 1952, that I last saw the
deceased alive on 4/11, 1952, and that death occurred at 6:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Herbert Chessin

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr 15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel Cem Baltimore

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip's Home, 2024 Orleans St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3618

BIRTH NO. 3618

1. NAME OF DECEASED (Type or Print) <i>Milton Wright</i>			2. DATE OF DEATH <i>4-13-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>A. A. Co., Md.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Month of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>Box 7, Pasadena, Md.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan-30-1930</i>	9. AGE (In years last birthday) <i>22</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Munition handler</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Ord depot, Curtis Bay</i>		11. BIRTHPLACE (State or foreign country) <i>Ba Ho. Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>Milton J. Wright</i>		
14. MOTHER'S MAIDEN NAME <i>Estelle Stephney</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		
16. SOCIAL SECURITY NO. <i>217-24-2885</i>			17. INFORMANT <i>Robert Wright</i> ADDRESS <i>Box 7 Pasadena Md.</i>		

18. <i>E 8/2-4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Subdural Hemorrhage</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Contusion of Brain</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Pennington Avenue near Curtis Creek</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>April 12, 1952 9:00 P.m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Pedestrian struck by auto</i>
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED <i>4-13-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-17-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Lion Methodist</i>
24D. LOCATION (City, town, or county) (State) <i>Pasadena, Md.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. C. R. Law</i>	ADDRESS <i>802 Madison Ave</i>

536
52 3619

VMC-158164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3619

1. NAME OF DECEASED (Type or Print) Vernon Sanders		2. DATE OF DEATH 4-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4040 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 818 N. Eder St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 18, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 48	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles Sanders		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records Baltimore City Hospitals		ADDRESS 4940 Eastern Ave.	
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema Secondary to Aspiration of blood from Ruptured Esophageal Varices DUE TO Corrhosis of Liver ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Under-terminated			INTERVAL BETWEEN ONSET AND DEATH 8 Hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-9 , 1952, to 4-11 , 1952, that I last saw the deceased alive on 4-11 , 1952, and that death occurred at 8:00A m., from the causes and on the date stated above.			
23A. SIGNATURE A. S. Hogan		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 4-11-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/15/52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.		24D. LOCATION (City, town, or county) (State) A. A. County, MD.	
25. FUNERAL DIRECTOR Chas. G. Cooper-512 Carrollton Av		ADDRESS Charles H. Cooper	

--

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

363
52 3620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3620
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edna Streett

2. DATE
OF
DEATH

4/13/52 5:25 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

3026 Kenyon Ave

C. CITY OR TOWN (If outside corporate limits, write it full and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3026 Kenyon Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/19/1886

9. AGE (In years last birthday)

65

10. If Under 1 Year Months: Days

11. If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Monroe Tracey

14. MOTHER'S MAIDEN NAME

Lillie E. Fletcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mildred Tracey 2904 Clearview Ave

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

17 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterial Hypertension
Diabetes Mellitus

5 yrs
3 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 16, 1951, to April 13, 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Rosenberg

M. O.

23B. ADDRESS

2200 Mayfield Ave

23C. DATE SIGNED

4-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/16/52

24C. NAME OF CEMETERY OR CREMATORY

North Bend

24D. LOCATION (City, town, or county)

Rocks, Harford Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1317 St. Paul St

ADDRESS

CERTIFICATE OF DEATH

BALTIMORE CITY, DEPT. OF HEALTH

1950

1950

DATE OF BIRTH

DATE OF DEATH

1950

PLACE OF BIRTH

CARROLLTON, MD.

PLACE OF DEATH

CAUSE OF DEATH

CHLORIDE OF POTASSIUM

PLACE OF DEATH

CAUSE OF DEATH

CHLORIDE OF POTASSIUM

PLACE OF DEATH

CAUSE OF DEATH

CHLORIDE OF POTASSIUM

PLACE OF DEATH

CAUSE OF DEATH

CHLORIDE OF POTASSIUM

PLACE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3621**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry R. Frank			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2013 Eagle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2013 Eagle Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 27, 1869		9. AGE (in years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown Frank			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Joseph Frank, 2013 Eagle Street		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Carcinoma of stomach 6 years	
ANTECEDENT CAUSES		none	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		none	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		none	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/16 , 19 52 , to 4/13 , 19 52 , that I last saw the deceased alive on 4/13 , 19 52 , and that death occurred at 4 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin Miller</i>		23B. ADDRESS <i>1030 Clifton Ave</i>		23C. DATE SIGNED 4/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/16/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3622**

1. NAME OF DECEASED (Type or Print) Willie Anna Rich		2. DATE OF DEATH April 13, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION 417 East 21st Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 417 East 21st Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 5, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (in years last birthday) 62
13. FATHER'S NAME Thomas A. Moore		14. MOTHER'S MAIDEN NAME Ada ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Gordon Malone, 417 East 21st Street		ADDRESS	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertensive cardiovascular disease		(B) DUE TO
		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 1938 to April 13, 1952 , that I last saw the deceased alive on April 11, 1952 , and that death occurred at 10 P. m., from the causes and on the date stated above.					
23a. SIGNATURE Jack J. Singer		23b. ADDRESS 506 E. North Ave		23c. DATE SIGNED 4-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/17/52		24c. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	
24d. LOCATION (City, town, or county) (State) Parkville, Maryland		24e. FUNERAL DIRECTOR Wm. Cook & Co., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

CHRYSLER CREDIT CORPORATION

SALES AND FINANCIAL DEPARTMENT

TO: *[Faint, illegible text]*

FROM: *[Faint, illegible text]*

SUBJECT: *[Faint, illegible text]*

DATE: *[Faint, illegible text]*

RE: *[Faint, illegible text]*

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3623

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ottielia Martha Just			2. DATE OF DEATH April 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1123 S. Paca Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1123 S. Paca Street 21-01		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 23, 1859		9. AGE (in years last birthday) 93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (State or foreign country) Germany
13. FATHER'S NAME Carl F. Kretchmar			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT A. Walter Just, 1204 Cleveland Street			ADDRESS		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Heart Failure DUE TO	CAUSE OF DEATH Acute Heart Failure	INTERVAL BETWEEN ONSET AND DEATH 1 Day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

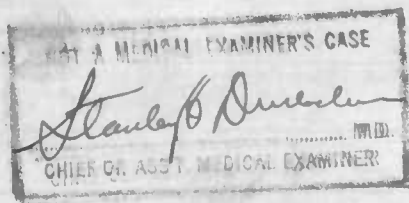
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 1,** 19**52**, to **March 12,** 19**52**, that I last saw the deceased alive on **Feb. 15, 1952**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE Louis Glass	23B. ADDRESS 2730 N. Charles Street	23C. DATE SIGNED 4/14/52
--------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/15/52	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR St. Mary's Corp., Inc.	ADDRESS 1217 St. Paul Street
--	---	---	--



346
3624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3624

1. NAME OF DECEASED (Type or Print) <i>William Butler</i>		2. DATE OF DEATH <i>4-12-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>567 N. Hoffman St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>20</i>		D. STREET ADDRESS (If rural, give location) <i>567 N. Hoffman St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>11-10-1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Public</i>	9. AGE (In years last birthday) <i>51</i> <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
13. FATHER'S NAME <i>William Butler Va.</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>John Butler</i>		ADDRESS <i>927 N. Chapel St</i>	

18. <i>422.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Arteriosclerotic Cardiovascular Disease</i>			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Smith</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>4-13-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/16/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR <i>William A. Jackson</i>		24H. ADDRESS <i>916 Penna ave</i>		24I. V S 151	

MEDICAL CERTIFICATION

93010

1892

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

1892

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3625**

BIRTH NO. **525**

1. NAME OF DECEASED (Type or Print) Robert Milton Johnson		2. DATE OF DEATH Apr. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 916 Parrish St.		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 916 Parrish St.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Canner		10B. KIND OF BUSINESS OR INDUSTRY Bricklayer	
13. FATHER'S NAME Wm Johnson		14. MOTHER'S MAIDEN NAME Clara Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 916	
17. INFORMANT Robert M. Johnson		ADDRESS Parrish St.	

18. 002X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		(A) Tuberculosis of Lungs		1 yr. ?	
DUE TO		(B)		DUE TO	
DUE TO		(C)		DUE TO	
<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 30, 1951** to **April 14, 1952** that I last saw the deceased alive on **April 7, 1952**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE William Frey M. D.		23B. ADDRESS 1928 Penna Ave		23C. DATE SIGNED Apr 15 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-15-1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Hallard Funeral Home		ADDRESS 3432 Druid Hill Ave.	

DATE RECEIVED BY LOCAL REGISTRAR **APR 15 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

MEDICAL CERTIFICATION

78075

2

RECEIVED
OFFICE OF THE
DIRECTOR

78075

RECEIVED
OFFICE OF THE
DIRECTOR
JAN 10 1964

RECEIVED
OFFICE OF THE
DIRECTOR
JAN 10 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3626
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE GREEN			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2550 Druid Hill Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10/6/94	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Months: Days 11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.			11. BIRTHPLACE (State or foreign country) N. Y.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 7777	17. INFORMANT ADDRESS Winston Green 2550 Druid Hill Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	23C. DATE SIGNED 4/14/52
------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/16/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 117</i> <i>Geo. S. Nelson 1303</i> <i>Prestman St</i>	

8730

62

UNITED STATES DEPARTMENT OF HEALTH

STATE OF MICHIGAN

1962

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3627
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elij. Turner</i>		2. DATE OF DEATH <i>4-12-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univeristy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) <i>Balto.</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1100 Woodyear St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>12/30/27</i>
9. AGE (In years last birthday) <i>24</i>		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. W.</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Wm Allen</i>		14. MOTHER'S NAME <i>Hazel Stewart</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Vernon Turner</i>		ADDRESS <i>1100 Woodyear St.</i>	
18. <i>583.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Septicemic Syndrome of Hemolysis & Pericardial Effusion</i> DUE TO <i>Hepatic Cirrhosis</i> DUE TO <i>Acute Glomerulo-nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-3 wks</i> <i>2-3 wks.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <i>Anemia. Acid-base balance</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>3-31-52</i> , 19 <i>52</i> , to <i>4-12-52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-12-52</i> , 19 <i>52</i> , and that death occurred at <i>6:15 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm. H. Williams, M.D.</i>		23B. ADDRESS <i>1100 Woodyear St.</i>	
23C. DATE SIGNED <i>4-12-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/12/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Geo. G. Kelson</i>		ADDRESS <i>1303 Presstman St.</i>	

Geo. G. Kelson

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

TO: [Illegible]
FROM: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]

4. [Illegible]
5. [Illegible]
6. [Illegible]

7. [Illegible]
8. [Illegible]
9. [Illegible]

W. H. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3628
Registered No.

1. NAME OF DECEASED (Type or Print) George Washington		2. DATE OF DEATH 4-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 27 N. Carey St.		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 1, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George Washington		14. MOTHER'S MAIDEN NAME Henrietta ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days ? Years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-18-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-18-52 , 19 52 , to April 14 , 19 52 that I last saw the deceased alive on April 14 , 19 52 , and that death occurred at 4:15 AM , from the causes and on the date stated above.				
23A. SIGNATURE <i>E. S. Cohen</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 4-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/27/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR ADDRESS Geo. G. Nelson 1303 Presstman St. <i>Geo. G. Nelson</i>

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3629**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAGGIE McCallough NOLLEY

2. DATE
OF
DEATH

April 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write U.S. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

619 W. Mulberry Street

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb. 15, 1907

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Leroy McCallough

14. MOTHER'S MAIDEN NAME

Lucinda Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lillian Robinson

ADDRESS

2709 Mosher St.

18. **E983X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Generalized Peritonitis**

DUE TO **Traumatic perforation of small intestine**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Multiple abrasions and contusions of face**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

619 W. Mulberry Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4/12/52 6:00 P. ?m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Beaten about body and head

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

4/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

April 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

9th Calvary Cem.

24D. LOCATION (City, town, or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. K. Williams

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

322 N Schroeder St

MEDICAL CERTIFICATION

REFERENCES

455
3630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3630

BIRTH NO. 52-08415

1. NAME OF DECEASED (Type or Print) <i>Baby Girl CULLINAN</i>		2. DATE OF DEATH <i>April 11, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-03</i>	
C. Length of stay in Baltimore <i>0</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1609 N. Freedomway</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>April 11, 1952</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>new born</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i> Months: <i>1</i> Days: <i>30</i>
11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>HENRY J. CULLINAN</i>		14. MOTHER'S MAIDEN NAME <i>WENTZ</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>H. J. CULLINAN</i>		ADDRESS <i>1609 FREEDOM WAY</i>	

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr 30 min</i>
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~April 10, 1952~~ *April 10, 1952* to *April 11, 1952*, that I last saw the deceased alive on *April 10, 1952*, and that death occurred at *12:30 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>J W Newman</i>	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>4/11/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>4-14-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>SACRED HEART CEM.</i>
24D. LOCATION (City, town, or county) <i>7401 GERMAN HILL RD. MD.</i>		24E. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles J. Feiler</i>
VS 150		ADDRESS <i>4015 CONKLING ST.</i>

1914

NEW YORK

RECEIVED

DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY

1914

RECEIVED

DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY

NEW YORK

RECEIVED

DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY

NEW YORK

RECEIVED

DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY

NEW YORK

RECEIVED

DEPARTMENT OF AGRICULTURE

PLANT INDUSTRY

NEW YORK

RECEIVED

500
3631BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3631

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John M. Quinn SR.			2. DATE OF DEATH APR. 13, 1952.		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 233 ST. HELENA AVE #22		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED , WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG 3, 1895	9. AGE (in years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY STAND. OIL CO. REFINERY		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME JOHN QUINN		
14. MOTHER'S MAIDEN NAME ROSABELLE FUNK.			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 215-07-2288			17. INFORMANT ANNA M. QUINN ADDRESS 233 ST. HELENA AV. DUNDALK, MD.		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) A cute pulmonary edema		CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A S C V D		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Nephrosclerosis		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10 , 19 52 , to 4-13 , 19 52 , that I last saw the deceased alive on 4-12 , 19 52 , and that death occurred at 9:20 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Martin J. Rombow M. D.		23b. ADDRESS Luth Hosp.		23c. DATE SIGNED 4-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE APR. 1952		24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24d. LOCATION (City, town, or county) 4300 OLD FREDERICK RD.		24e. (State) MD.		24f. FUNERAL DIRECTOR Charles J. Giller ADDRESS 901 S. CONKLING ST.	

76345

[The page contains faint, illegible markings and two punch holes.]

316
2 3632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3632

1. NAME OF DECEASED (Type or Print) David Bedford		2. DATE OF DEATH Apr. 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. city		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE md B. COUNTY 6-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1834 Orleans St.	
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Pullman Co	9. AGE (In years last birthday) 58
11. BIRTHPLACE (State or foreign country) Baltimore, Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David		14. MOTHER'S MAIDEN NAME Liza Spriggs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. JOHNS HOPKINS HOSPITAL	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 292.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aplastic anemia (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Aplastic anemia INTERVAL BETWEEN ONSET AND DEATH 13 years
--	---

19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-11**, 19**52** to **4-11**, 19**52** that I last saw the deceased alive on **4-11**, 19**52**, and that death occurred at **4:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas Franklin Williams M. D.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED Apr. 11, 1952
--	--	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 4-16-52	24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cem	24D. LOCATION (City, town, or county) (State) Brooklyn Md
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. Wilson	ADDRESS 1004 Beauty rd

78050

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

THIS IS TO CERTIFY
THAT THE ABOVE
NAMES ARE
THE NAMES OF THE
DECEASED

CAUSE OF DEATH

Apoplexy

DATE OF DEATH
PLACE OF DEATH
AGE AT DEATH
SEX
RACE
MARRIAGE

SIGNATURE

DATE

REGISTERED DEATH

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

MARRIAGE

DATE OF DEATH

425
52 3633
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3633

1. NAME OF DECEASED (Type or Print) Clarence Bloxom		2. DATE OF DEATH 4/12/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore 40 Yrs.		D. STREET ADDRESS (If rural, give location) 724 North Fremont Avenue	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May-4-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Preacher		10B. KIND OF BUSINESS OR INDUSTRY Church	
13. FATHER'S NAME Thomas Bloxom		11. BIRTHPLACE (State or foreign country) Accomac Co. Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Katherine Bloxom	
17. INFORMANT Annie Bloxom		ADDRESS 724 N. Fremont Ave	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coro-bro-vascular Accident Hypertension	INTERVAL BETWEEN ONSET AND DEATH 5 hrs. Years
19. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/11/52 19, to 4/12/52 19, that I last saw the deceased alive on 4/12/52 19, and that death occurred at 3:45 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Roger D. Seatt		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/16/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		24E. FUNERAL DIRECTOR Henry S. Wilson			
24F. ADDRESS 1100 Bantley		24G. SIGNATURE one			

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 3634

BIRTH NO. 3634 52-06527

1. NAME OF DECEASED (Type or Print) GLORIA BATTLE			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1148 Low Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH March-18-1952		9. AGE (in years last birthday) 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert James Battle			14. MOTHER'S MAIDEN NAME Hester Battle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hester Battle 1148 Low St		

18. 763 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>C. S. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/15/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
FUNERAL DIRECTOR <i>Thoy Wilson 1000 Brantly Ave</i>			

1900

CERTIFICATE OF DEATH

1900



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3635**

3 50
3635
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HATTIE JACKSON			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 608 Eislen Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10-17-1909		9. AGE (In years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cahoon Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alexander Jackson			14. MOTHER'S MAIDEN NAME Addie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Norris Jackson 625 S. Paca St.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the Stomach (A) _____ DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> M.D.	23C. DATE SIGNED 4/14/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/17/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. STATE Md.

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph A. Lively	ADDRESS 661 W. Bannock St.
--	---	---	--------------------------------------

MEDICAL CERTIFICATION

Correct age is especially important

1935

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1935

STATE OF NEW YORK

1935

1935

1935

1935

1935

1935

1935

1935

1935

1935

1935

1935

1935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3636

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Kate ~~W~~ ^W Hodges2. DATE
OF
DEATH

APRIL 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 21, 1897

9. AGE (In years,
last birthday)

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Henry Hodges

14. MOTHER'S MAIDEN NAME

Betty (W) Rigney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Self.

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Pulmonary Congestion
Pleural + Pericardial effusion
aspiration vomitus.INTERVAL BETWEEN
ONSET AND DEATH

1 month.

2 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congestive Heart failure

DUE TO

(C)

Hypertension

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

bronchial asthma.

life.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from April 12, 1952 to April 14, 1952, that I last saw the
deceased alive on Apr 14, 1952 and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 15 1952

Huntington Williams, 5305 Hayford Rd

3020 57

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1913

[Faint, illegible text and markings on a form, likely a Certificate of Death. The text is mirrored and difficult to read.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 3637

560
3637
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Jennie Kammer</u>			2. DATE OF DEATH <u>4-14-52</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>8</u>		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>2223 East Biddle St.</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <u>2223 East Biddle Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 15, 1877</u>	9. AGE (In years last birthday) <u>75</u>	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Charles Hildebrand</u>			14. MOTHER'S MAIDEN NAME <u>Dora Bausch</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>George P. Kammer</u>			ADDRESS <u>2223 E. Biddle St.</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Hypertensive C.V. disease</u> DUE TO (B) <u>Hypertension</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
--	--	---

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

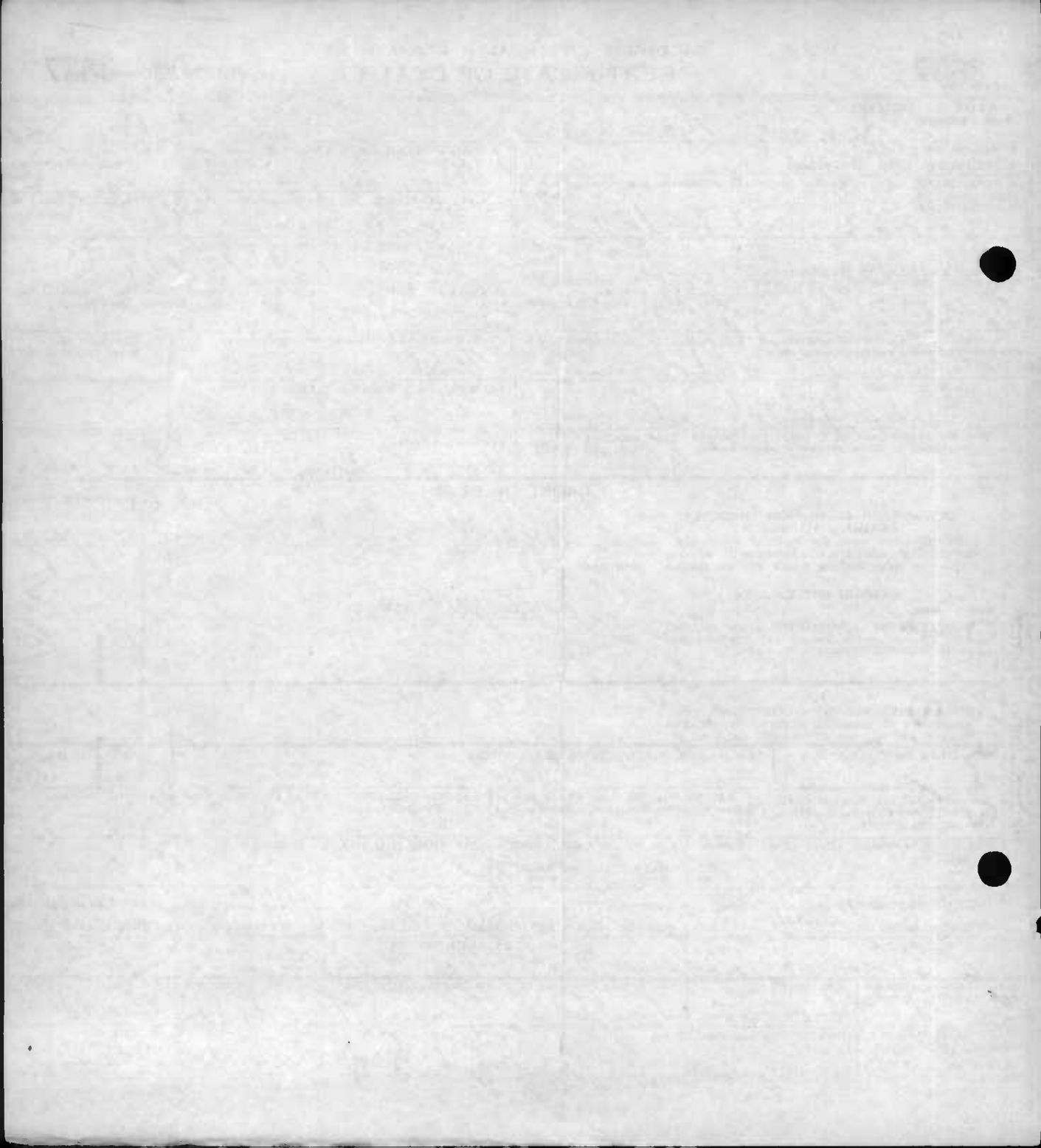
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/1/46, 1946, to 4/14/52, 1952, that I last saw the deceased alive on 4/14/52, 1952, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Becky B. Moss, M.D.</u>	23B. ADDRESS <u>448 N. Lexington Ave</u>	23C. DATE SIGNED <u>4/15/52</u>
---	--	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4-18-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Rose St. - North Ave.</u>
---	--------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <u>APR 15 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington</u>	25. FUNERAL DIRECTOR <u>John E. Fisher Inc.</u>	ADDRESS <u>2435 E. Oliver St.</u>
---	---	---	-----------------------------------



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

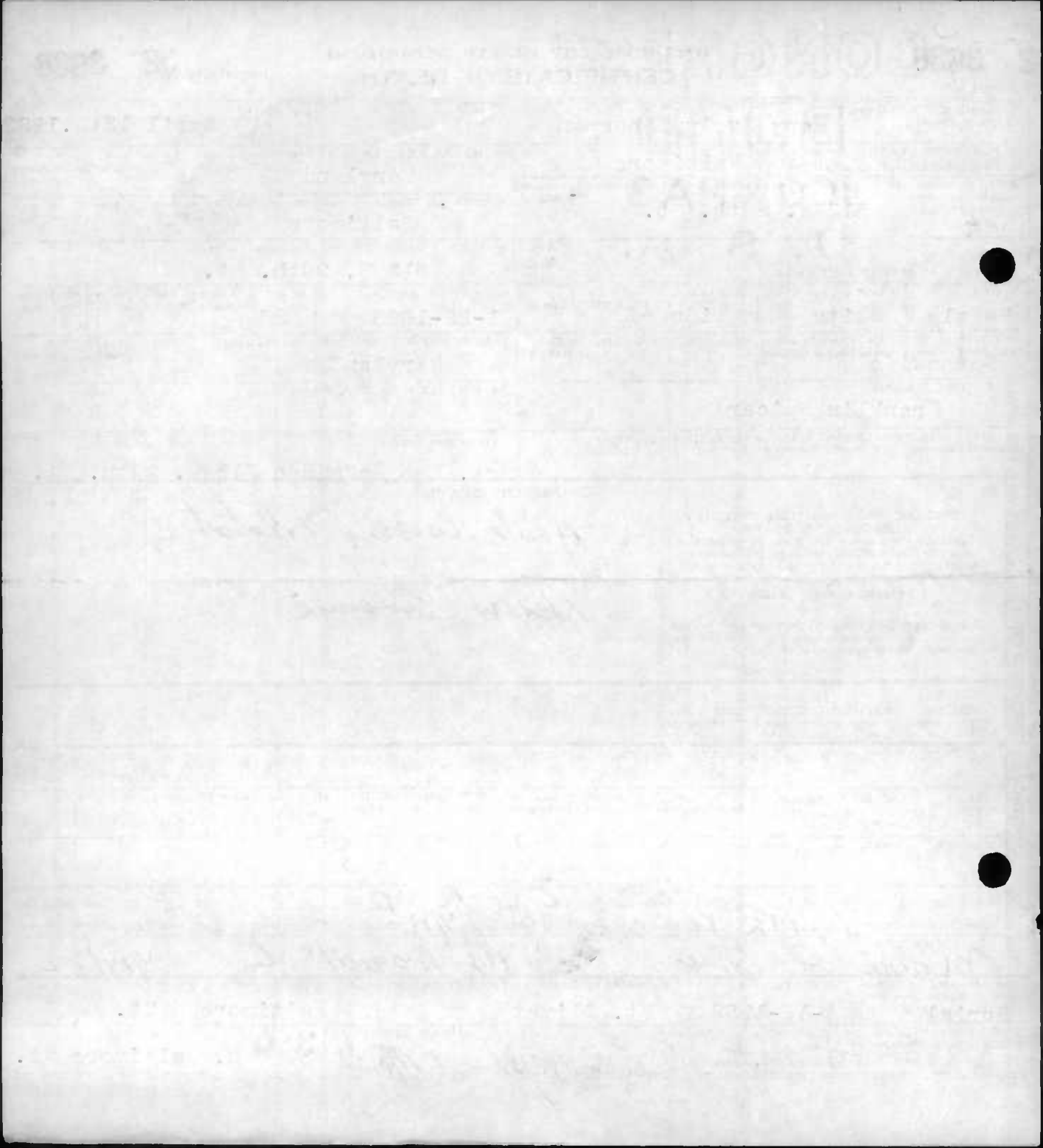
Registered No. **52 3638**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Evelyn Sherman			2. DATE OF DEATH April 13th. 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 513 E. 28th. St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 513 E. 28th. St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-22-1868	9. AGE (In years last birthday) 83	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Franklin Spicer			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Leo McFadden 513 E. 28th. St.		

18. 293X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Cordar Dilatation		
DUE TO				
ANTECEDENT CAUSES		(B) Severe Anemia		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from April 12, 1952 to April 12, 1952 , that I last saw the deceased alive on April 12, 1952 and that death occurred at 4:13 p. m. , from the causes and on the date stated above.				
23A. SIGNATURE Morris Q. Fine		23B. ADDRESS 112 Magnolia St.		23C. DATE SIGNED 4/14/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-16-1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24D. LOCATION (City, town, or county) (State) Baltimore St.	
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 36 8000 E. Baltimore St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3639**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John, "Joseph" I. Marks		2. DATE OF DEATH 4-13-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE Maryland B. COUNTY 12-05	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 455 Whitridge Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 455 Whitridge Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-17-1868
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor	11. BIRTHPLACE (State or foreign country) Va.
10B. KIND OF BUSINESS OR INDUSTRY Balto. City		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Marks		14. MOTHER'S MAIDEN NAME Margaret Fisher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Rhoda Marks		ADDRESS 455 Whitridge Ave.	

18. 153 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma sigmoid Colon (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Colo ?
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Apr 1-1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma Colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 22 52 to April 13 52 , that I last saw the deceased alive on March 8 52 , and that death occurred at 6:15 m., from the causes and on the date stated above.					
23A. SIGNATURE John G. Morris		23B. ADDRESS 403 Med Arts Bldg		23C. DATE SIGNED 4-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-16-1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John G. Morris			
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 3000 E. Baltimore St.	

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

022 3 3

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 3640**

354
3640

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph Stanley		2. DATE OF DEATH APR 14 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 106 EAST ST	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Dec 25 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)		11. BIRTHPLACE (State or foreign country) Beth. Md.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Moses Stanley		14. MOTHER'S MAIDEN NAME Harriett ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident	INTERVAL BETWEEN ONSET AND DEATH 10 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease	? 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-3-** 1952 to **4-14-** 1952 that I last saw the deceased alive on **4-14-** 1952 and that death occurred at **6:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE **Thomas Franklin Williams** 23b. ADDRESS **JOHNS HOPKINS HOSPITAL** 23c. DATE SIGNED **4/14/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 17/52	24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	24d. LOCATION (City, town, or county) (State) A. A. County Md
--	---------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952	25. FUNERAL DIRECTOR 1129 N. Caroline St
--	--

51024

1129 N. Caroline St

MEDICAL CERTIFICATION

0120

01

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

10

100-100000

1

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

UNITED STATES DEPARTMENT OF THE ARMY

OFFICE OF THE CHIEF OF STAFF

525
3641

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 3641

1. NAME OF DECEASED (Type or Print) JOSEPHINE JOHNSON			2. DATE OF DEATH April 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write R.U. and give township) BALTIMORE 7-04		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 905 MCDONOUGH ST.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6/13/05		9. AGE (In years, last of the day) 46
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) DOMESTIC			11. BIRTH PLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CHARLES PARKS			14. MOTHER'S MAIDEN NAME ANNE MILLS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT NATH. O. PARKS
					ADDRESS SAME

18. 162X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) BROCHOPNEUMONIC CA.		1 yr. (?)
DUE TO		(B)		
DUE TO		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 2/1		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from MARCH 27, 1952 , to APRIL 13, 1952 , that I last saw the deceased alive on 4/13, 1952 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Raymond L. Bennett		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 4/13/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4-17-52	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.		24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR APR 15 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Joseph S. Parks, Jr.
		ADDRESS 308 N. Central Ave.		

MEDICAL CERTIFICATION

7208A

PAGE 32

32

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

PAGE 32

REPORT OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE
TO THE SECRETARY OF THE
WAR DEPARTMENT
FOR THE YEAR 1900

WASHINGTON, D. C.

1901

400
2 3642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3642

1. NAME OF DECEASED (Type or Print) <i>WILLIAM PEAL (Peel)</i>			2. DATE OF DEATH <i>APRIL 14, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 27-18</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>5507 OAK MOUNT AV</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 19, 1882</i>	9. AGE (in years last birthday) <i>70</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B. J. Co.</i>	11. BIRTHPLACE (State or foreign country) <i>North Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO. <i>213-10-0580</i>		17. INFORMANT ADDRESS <i>MRS. LOUISE Berkett (JAMES)</i>			

18. <i>330X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>SUBARACHNOID HEMORRHAGE</i>	CAUSE OF DEATH (A) <i>SUBARACHNOID HEMORRHAGE</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>8 Days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *APR. 6*, 19*52*, to *APR 14*, 19*52*, that I last saw the deceased alive on *APR 13*, 19*52*, and that death occurred at *5:24* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Raymond L. Bennett</i>	23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>APR 18, 1952</i>
---	---------------------------------------	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 16/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	24D. LOCATION (City, town, or county) (State) <i>Washington D.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 15 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Brink Myers</i>	ADDRESS <i>5005 Park Heights</i>

VS 150
661 51

MEDICAL CERTIFICATION

SP000 000

THEATRE AND MUSIC COMPANY
HEADQUARTERS

SP000 000

62-0

52 3643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3643

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hyland Wars

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Frederick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Frederick 6011

D. STREET ADDRESS (If rural, give location)

62 Lincoln apt

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-23-13

9. AGE (In years last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Wars

14. MOTHER'S MAIDEN NAME

Maria Wesley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute monocytic leukemia

5-6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-1952 to 4-15-1952 that I last saw the deceased alive on 4-15-1952 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Wilkins, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Huntington Williams, M.D.

Charles A. Hicks III

VS 150

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NO. 1015

1. Name of deceased: *JOHN J. SMITH*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *1910-03-15*
5. Place of birth: *New York City*
6. Date of death: *1955-08-10*
7. Place of death: *Home*
8. Cause of death: *Heart Disease*
9. Manner of death: *Natural*
10. Signature of physician: *[Signature]*
11. Signature of registrar: *[Signature]*
12. Date of registration: *1955-08-15*

NAME	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DEATH	PLACE OF DEATH	CAUSE OF DEATH	MANNER OF DEATH	SIGNATURE OF PHYSICIAN	SIGNATURE OF REGISTRAR	DATE OF REGISTRATION
<i>JOHN J. SMITH</i>	<i>Male</i>	<i>45</i>	<i>1910-03-15</i>	<i>New York City</i>	<i>1955-08-10</i>	<i>Home</i>	<i>Heart Disease</i>	<i>Natural</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>1955-08-15</i>

520

52 3644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3644

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>WILLIAM E. LONG</u>		2. DATE OF DEATH <u>4-13-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1117 WILLIAM ST</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 24-03</u>	
c. Length of stay in Baltimore <u>LIFE</u> Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>1117 WILLIAM ST</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 19-1872</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>	9. AGE (in years last birthday) <u>79</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
13. FATHER'S NAME <u>JOHN LONG</u>		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
17. INFORMANT ADDRESS <u>LOUIS L. LONG-SON-1117 WILLIAM ST.</u>			

18. <u>592X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic Endocarditis</u>		CAUSE OF DEATH (A) <u>Chronic Endocarditis</u> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>11 mos.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic Nephritis</u>		(B) <u>Chronic Nephritis</u> DUE TO	<u>7 mos.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____ DUE TO	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 23, 1951 to 4/13, 1952, that I last saw the deceased alive on 4/13, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS M. D. <u>1239 Inglewood St</u>	23C. DATE SIGNED <u>4/15/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>APRIL 16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 16 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MD</u>
VS 150		25. FUNERAL DIRECTOR ADDRESS <u>J. A. Tague + Son 1216 S. Charles St</u>

MEDICAL CERTIFICATION

630

52 3645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3645

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles Brady</i>		2. DATE OF DEATH <i>4-15-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Balto. Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Severn</i>			
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>5200</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 18-1884</i>	9. AGE (in years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>OPERATOR</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Taxicab</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>WM. BRADY</i>		14. MOTHER'S MAIDEN NAME <i>ELIZABETH</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO ONE</i>		17. INFORMANT <i>SELF</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO ONE</i>		17. INFORMANT <i>SELF</i>	

18. <i>010X and 163X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Tuberculous meningitis(?)</i>	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

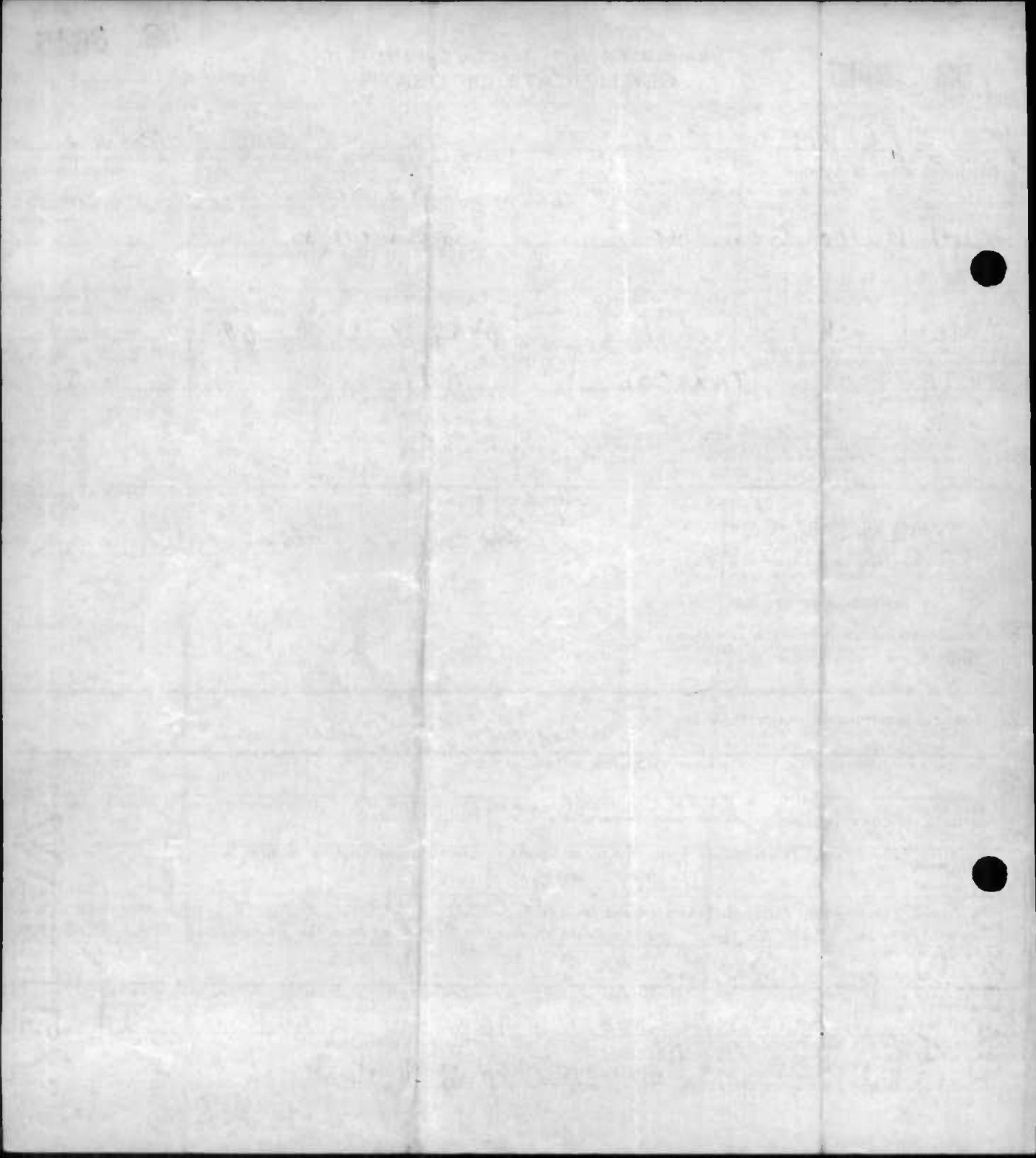
Pneumonia, Rt. Cerebral artery block

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4-1-</i> , 19 <i>52</i> , to <i>4-15</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-14</i> , 19 <i>52</i> , and that death occurred at <i>3:20</i> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Joan Hall M.D.</i>	23B. ADDRESS	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>April 18/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 16 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	25. FUNERAL DIRECTOR <i>GRACE ST FUNERAL HOME</i>	ADDRESS <i>1216 S. CHARLES ST.</i>

VS 150

68254



500

52 3646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3646

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Harrison M. Bowen			2. DATE OF DEATH 4/14/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Halethorpe C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. D. STREET ADDRESS (If rural, give location) 5712 First Ave.-Halethorpe		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 11/14		
9. AGE (In years last birthday) 60 Yrs			10. MONTHS 11 DAYS 14		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned - not employed			10B. KIND OF BUSINESS OR INDUSTRY YARDMASTER - R.R.		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME William M. Bowen			14. MOTHER'S MAIDEN NAME Alice Harrison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NONE			16. SOCIAL SECURITY NO. 705-05-6116		
17. INFORMANT IDA V. BOWEN			ADDRESS 5712 First Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/14/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/14 , 19 52 , to 4/14 , 19 52 , that I last saw the deceased alive on 4/14 , 19 52 , and that death occurred at 1:20 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. W. L. Perry Jr.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 4/15/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/17/52		24C. NAME OF CEMETERY OR CREMATORY London PK		24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR THOMAS JOHNSON INC.		ADDRESS G. Moore & Hollins	

APR 16 1952
VS 150

29050

MEDICAL CERTIFICATION

35 3610

12 3010

40202 6110 1201 1 Banta 2712-41202

1971. 12. 10

10:40 AM

1/1/72

1/1/72

1971. 12. 10

352

52 3647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3647
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maggie Cottinham</i>			2. DATE OF DEATH <i>4/14/1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1217 W. Eden St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
C. Length of stay in Baltimore <i>6 mos.</i>			D. STREET ADDRESS (If rural, give location) <i>1217 W. Eden St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>9/11/1952</i>	9. AGE (In years last birthday) <i>62</i>	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>At home</i>		
11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Owen Barnes</i>			14. MOTHER'S MAIDEN NAME <i>Harriet Blunt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>James Cottinham</i>			ADDRESS <i>1217 W. Eden St.</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>hypertensive cardio-renal disease</i> DUE TO (B) <i>(Cerebral)</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>7 yrs +</i>
---	--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11-19</i> , 19 <i>51</i> , to <i>4-14</i> , 19 <i>52</i> that I last saw the deceased alive on <i>4/11</i> , 19 <i>52</i> and that death occurred at <i>11:40 P.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>1500 EAST BROADWAY, BALTIMORE, MD.</i>	23C. DATE SIGNED <i>4-15-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>	24B. DATE <i>4/17/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Holley Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Minturn South Carolina</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, Mrs. Randolph J. Collick</i>	ADDRESS <i>1412 E. Proctor St.</i>

7208A

100

INFORMED BY THE
CERTIFICATE OF DEATH

100

120
52 3648BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3648

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE DAVIS

2. DATE
OF
DEATH

4-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONSouth Baltimore General
Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

DUNDALK

5300

D. STREET ADDRESS (If rural, give location)

2535 LIBERTY PKWY

C. Length of stay in Baltimore

13

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

MAY 24-1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN J. BULL

14. MOTHER'S MAIDEN NAME

BESSIE CARR.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JAMES W. DAVIS 2016 HILLENWOOD

18. 172X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intestinal obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

metastatic Carcinoma

DUE TO

(C)

Carcinoma, body of uterus

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-4-52

19B. MAJOR FINDINGS OF OPERATION

metastatic Carcinoma, abdomen

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 31, 1952, to April 13, 1952, that I last saw the
deceased alive on April 13, 1952, and that death occurred at 1:25 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Seng-lop Tan

M. D.

23B. ADDRESS

South Balto Gen. Hosp.

23C. DATE SIGNED

4-13-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

APR 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

PARK WOOD

24D. LOCATION (City, town, or county)

PARKVILLE

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

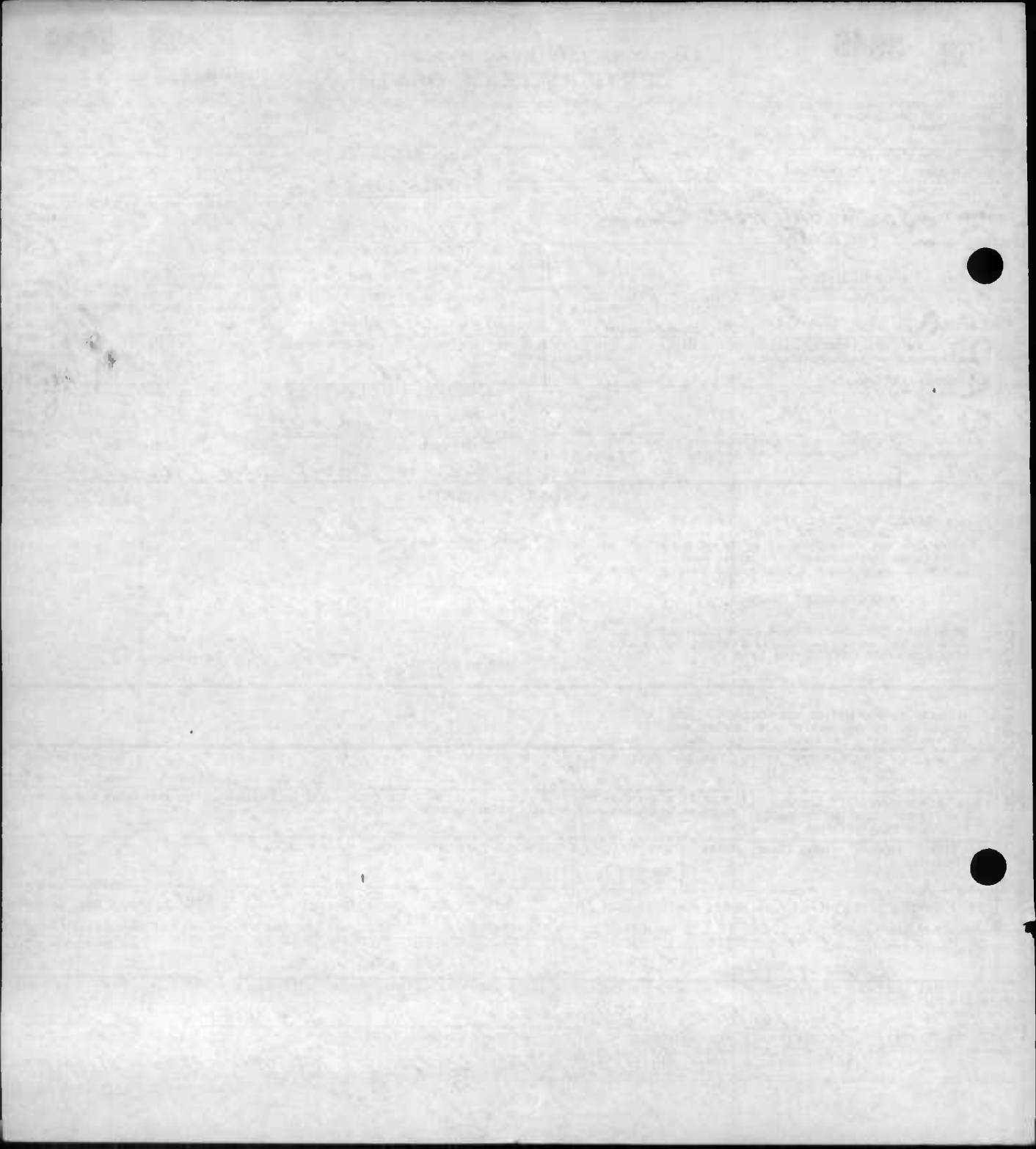
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 200F

MULLERICH FUNERAL HOME ORLEANS

APR 16 1952



36

52 3649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3649

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>A. Edward Vandermost</u>		2. DATE OF DEATH <u>April 15, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hosp</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 24</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>7615 Eastern Blvd 5300</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>JULY 28 1883</u>		9. AGE (In years last birthday) <u>68 69</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
13. FATHER'S NAME <u>Arnold</u>		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS CARIE VANDERMOST</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>I</u> <u>Myocardial Anoxia</u> DUE TO		19. CAUSE OF DEATH <u>Coronary Thrombosis</u> <u>Rt Coronary Artery</u> <u>Coronary Arteriosclerosis</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>8-9 days</u> <u>9-3 mos</u> <u>years</u>	
19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/7/52</u> , 19 <u>52</u> , to <u>4/14/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/14/52</u> , 19 <u>52</u> , and that death occurred at <u>5:45</u> Am., from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert J. Mosser</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>4/15/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>APR 18 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>OLB LAWN</u>	
24D. LOCATION (City, town, or county) (State) <u>COL GATE 170</u>		25. FUNERAL DIRECTOR <u>Huntington Williams Funeral Home ORLEANS</u>			

VS 150

2906A

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

12

NOTICE OF DEATH

DECEASED

DEATH CERTIFICATE

DECEASED

11

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

52 3650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3650
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert L Kaiss

2. DATE
OF
DEATH

April 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-05

D. STREET ADDRESS (If rural, give location)

3210 Avon Ave

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Male

White

widow

July 21 1880

71

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brewery Worker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Conrad Kaiss

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Kaiss 3210 Avon Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic heart disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1951 to Apr 13, 1952, that I last saw the
deceased alive on Mar 1951, and that death occurred at 130 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BOPBAC
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 2006

APR 16 1952

Huntington Williams, MD

TUBERCHUL FEVERAL HOME

ORLEANS ST

VS 150

69046

MEDICAL CERTIFICATION

VALLEY

CONCRETE

1909

321

52 3851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3851
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Agathe Dutkewich</i>			2. DATE OF DEATH <i>April 15-1952</i>		
3. PLACE OF DEATH A. Baltimore City Maryland <i>24 Parkin St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>		
c. Length of stay in Baltimore <i>45 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>24 Parkin St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>? 1877</i>	9. AGE (In years last birthday) <i>72</i>	10 Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? —
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>P. Zardukas</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Vincent Dutkewich</i>			ADDRESS <i>24 Parkin St</i>		

18. <i>420.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>myocardial infarction</i>	<i>several hrs.</i>	
ANTECEDENT CAUSES	(B) <i>Coronary Occlusion</i>	<i>sev. hrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Arteriosclerotic C.V.D.</i>	<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 14, 1952*, to *April 15, 1952*, that I last saw the deceased alive on *April 14, 1952*, and that death occurred at *7A. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>S. Highstein</i>	23B. ADDRESS <i>888 W. Lombard St</i>	23C. DATE SIGNED <i>4-15-52</i>
---------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 18-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>1300 Dundell Ave. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>2101 Federal Ave</i>

1000 S.

THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS 60637

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

CHICAGO, ILLINOIS

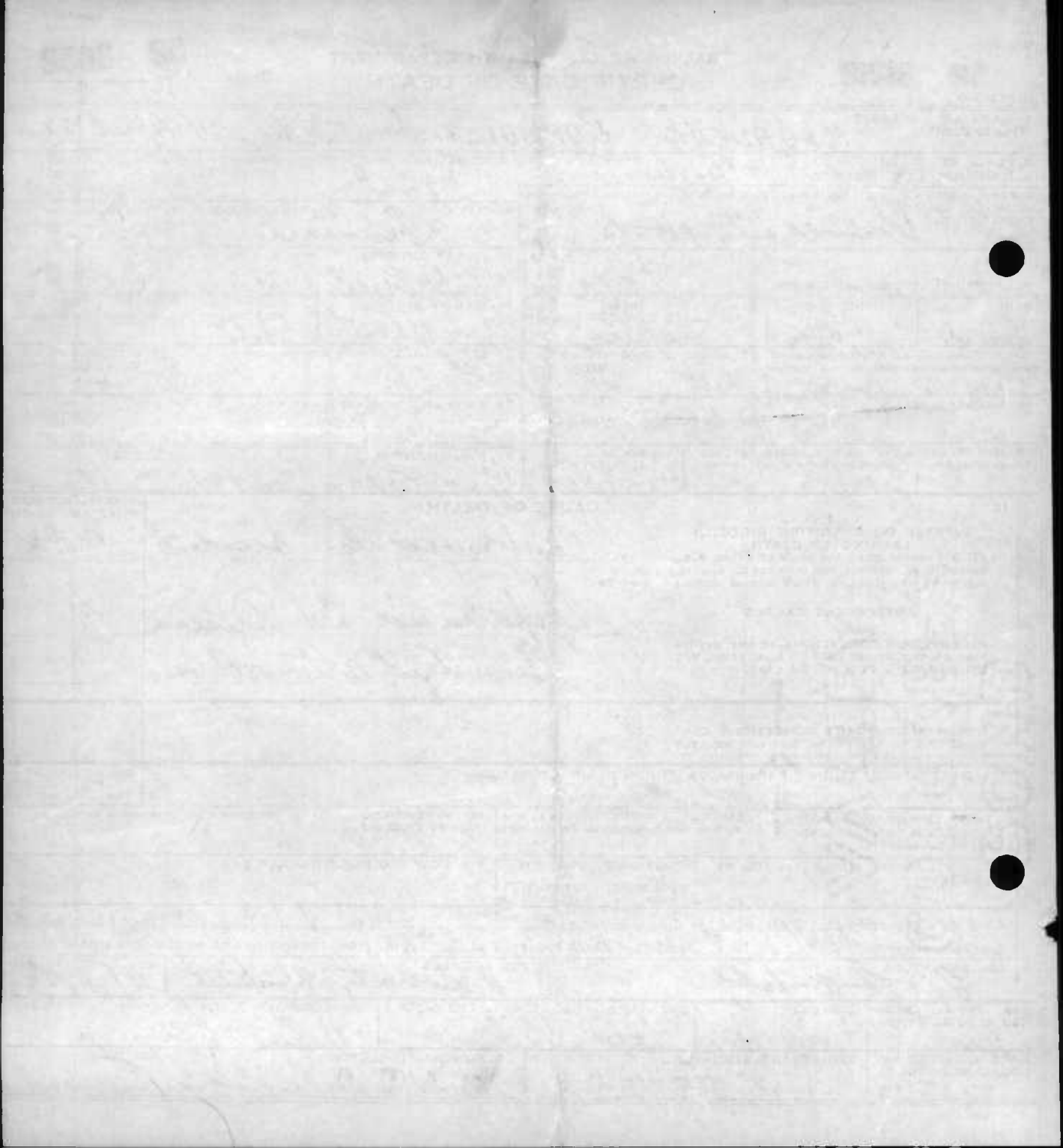
CHICAGO, ILLINOIS

621
343
52 3652
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3652
Registered No.

1. NAME OF DECEASED (Type or Print) MAGALENA KURSUIETIS (matrubaita)		2. DATE OF DEATH 14 April '52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02	
c. Length of stay in Baltimore 46 yrs		D. STREET ADDRESS (If rural, give location) 4416 Furley Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH ? - 1885
9. AGE (In years last birthday) 66		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME P		14. MOTHER'S MAIDEN NAME P	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-09-9125	
17. INFORMANT Pius Kursvietis		ADDRESS 4416 Furley Ave	

18. 443X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cerebrovascular accident		12 days
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive C.V. Disease		?
	(C) Generalized arteriosclerosis		7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/2 , 19 52 , to 4/14 , 19 52 , that I last saw the deceased alive on 4/14 , 19 52 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE J. Langenfelder		23B. ADDRESS University Hospital		23C. DATE SIGNED 4/14/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 19-52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Belair Rd		24E. LOCATION (State) MD		25. FUNERAL DIRECTOR Huntington	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		REGISTRAR'S SIGNATURE Huntington		ADDRESS 430 Homeland	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3653**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES M. COULEHAN

2. DATE
OF
DEATH

April 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1024 E. Chase Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 16, 1889

9. AGE (In years last birthday)

62 yrs.

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

8 28

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Coulehan

14. MOTHER'S MAIDEN NAME

Mary McCarthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes world war I

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Margaret Nolan

ADDRESS

1310 Wilcox St.

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Denecker

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 17, 52

Cathedral Cemetery

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

Huntington, Williams, M.D.

Edna W. Conklin 924 E. Eager St.

52 3654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3654

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOZEFA SOBCZAK

2. DATE
OF
DEATH

April 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 213 S. Madeira St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-05

C. Length of stay in Baltimore 38 years

D. STREET ADDRESS (If rural, give location)

213 S. Madeira Street

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 29 1885

9. AGE (In years last birthday)

66

10. Under 1 Year

Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Original Packing Co. House work

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

Poland

13. FATHER'S NAME

Casimier Machawiak

14. MOTHER'S MAIDEN NAME

Michalina Szymanski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-05-4996 Pelagia Romeski 2811 Fair Ave

17. INFORMANT

ADDRESS

18. 410X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Insufficiency - Decompensating

(C) DUE TO

Coronary Hypertrophy

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to April 14, 1952, that I last saw the deceased alive on April 13, 1952, and that death occurred at 5:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Huntington Williams, M.D.

John G. Welby 401 S. Chester St

VS 150

69042

MEDICAL CERTIFICATION

462
AB-157850

52 3655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3655

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Clark

2. DATE
OF

DEATH April 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Baltimore City Hospitals location)
INSTITUTION 4940 Eastern Ave4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

21-01

D. STREET ADDRESS (If rural, give location)

1213 Briscoe St. zone 30

c. Length of stay in Baltimore

10yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 11, 1892

9. AGE (in years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Asbestos Mill

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Emerson Clark

14. MOTHER'S MAIDEN NAME

Julia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. DECEASED AT
Baltimore City Hospitals record
4940 Eastern Ave.

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cerebral Vascular Accident

48hrs.

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Auricular Filtrillation

DUE TO

(C) Multiple Emboli

3wks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-4-1952

19B. MAJOR FINDINGS OF OPERATION**

Gangrene of left leg amputation

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-27-1952, to 4-12-52, 19__, that I last saw the
deceased alive on 4-13-1952, and that death occurred at 6.30p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

4-13-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Davidson Cemetery

24D. LOCATION (City, town, or county)

Davidson, N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 16 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Charles S. Wopel-512 Carroll Ave

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 3656

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Bancroft Weston

2. DATE
OF
DEATH

4 - 14 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5 Midvale Road

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
Maryland
B. COUNTY
noneC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-13

D. STREET ADDRESS (If rural, give location)

5 Midvale Road

C. Length of stay in Baltimore
life Yrs.
Mos.
Days5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1 - 2 - 71

9. AGE (In years
last birthday)

81

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Clerk - U.S. Customs10B. KIND OF BUSINESS OR
INDUSTRY
Office of Comptroller

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Cornelius Weston

14. MOTHER'S MAIDEN NAME

Catherine Latrobe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs. Ethel R. Weston - 5 Midvale Road

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial Infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized Enterocolitis
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH5 days
5 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1951, to Apr 14, 1952 that I last saw the deceased alive on Apr 13, 1952 and that death occurred at 12:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2105 N. Charles St.

4 - 15 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

4 - 16 - 52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Huntington Williams, M.D.

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

777 B Mitchell

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of attending physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Signature of informant: _____</p>	
<p>10. Signature of medical examiner: _____</p>	
<p>11. Signature of coroner: _____</p>	
<p>12. Signature of funeral director: _____</p>	
<p>13. Signature of health officer: _____</p>	
<p>14. Signature of registrar: _____</p>	
<p>15. Signature of informant: _____</p>	
<p>16. Signature of medical examiner: _____</p>	
<p>17. Signature of coroner: _____</p>	
<p>18. Signature of funeral director: _____</p>	
<p>19. Signature of health officer: _____</p>	
<p>20. Signature of registrar: _____</p>	
<p>21. Signature of informant: _____</p>	
<p>22. Signature of medical examiner: _____</p>	
<p>23. Signature of coroner: _____</p>	
<p>24. Signature of funeral director: _____</p>	
<p>25. Signature of health officer: _____</p>	
<p>26. Signature of registrar: _____</p>	
<p>27. Signature of informant: _____</p>	
<p>28. Signature of medical examiner: _____</p>	
<p>29. Signature of coroner: _____</p>	
<p>30. Signature of funeral director: _____</p>	
<p>31. Signature of health officer: _____</p>	
<p>32. Signature of registrar: _____</p>	
<p>33. Signature of informant: _____</p>	
<p>34. Signature of medical examiner: _____</p>	
<p>35. Signature of coroner: _____</p>	
<p>36. Signature of funeral director: _____</p>	
<p>37. Signature of health officer: _____</p>	
<p>38. Signature of registrar: _____</p>	
<p>39. Signature of informant: _____</p>	
<p>40. Signature of medical examiner: _____</p>	
<p>41. Signature of coroner: _____</p>	
<p>42. Signature of funeral director: _____</p>	
<p>43. Signature of health officer: _____</p>	
<p>44. Signature of registrar: _____</p>	
<p>45. Signature of informant: _____</p>	
<p>46. Signature of medical examiner: _____</p>	
<p>47. Signature of coroner: _____</p>	
<p>48. Signature of funeral director: _____</p>	
<p>49. Signature of health officer: _____</p>	
<p>50. Signature of registrar: _____</p>	
<p>51. Signature of informant: _____</p>	
<p>52. Signature of medical examiner: _____</p>	
<p>53. Signature of coroner: _____</p>	
<p>54. Signature of funeral director: _____</p>	
<p>55. Signature of health officer: _____</p>	
<p>56. Signature of registrar: _____</p>	
<p>57. Signature of informant: _____</p>	
<p>58. Signature of medical examiner: _____</p>	
<p>59. Signature of coroner: _____</p>	
<p>60. Signature of funeral director: _____</p>	
<p>61. Signature of health officer: _____</p>	
<p>62. Signature of registrar: _____</p>	
<p>63. Signature of informant: _____</p>	
<p>64. Signature of medical examiner: _____</p>	
<p>65. Signature of coroner: _____</p>	
<p>66. Signature of funeral director: _____</p>	
<p>67. Signature of health officer: _____</p>	
<p>68. Signature of registrar: _____</p>	
<p>69. Signature of informant: _____</p>	
<p>70. Signature of medical examiner: _____</p>	
<p>71. Signature of coroner: _____</p>	
<p>72. Signature of funeral director: _____</p>	
<p>73. Signature of health officer: _____</p>	
<p>74. Signature of registrar: _____</p>	
<p>75. Signature of informant: _____</p>	
<p>76. Signature of medical examiner: _____</p>	
<p>77. Signature of coroner: _____</p>	
<p>78. Signature of funeral director: _____</p>	
<p>79. Signature of health officer: _____</p>	
<p>80. Signature of registrar: _____</p>	
<p>81. Signature of informant: _____</p>	
<p>82. Signature of medical examiner: _____</p>	
<p>83. Signature of coroner: _____</p>	
<p>84. Signature of funeral director: _____</p>	
<p>85. Signature of health officer: _____</p>	
<p>86. Signature of registrar: _____</p>	
<p>87. Signature of informant: _____</p>	
<p>88. Signature of medical examiner: _____</p>	
<p>89. Signature of coroner: _____</p>	
<p>90. Signature of funeral director: _____</p>	
<p>91. Signature of health officer: _____</p>	
<p>92. Signature of registrar: _____</p>	
<p>93. Signature of informant: _____</p>	
<p>94. Signature of medical examiner: _____</p>	
<p>95. Signature of coroner: _____</p>	
<p>96. Signature of funeral director: _____</p>	
<p>97. Signature of health officer: _____</p>	
<p>98. Signature of registrar: _____</p>	
<p>99. Signature of informant: _____</p>	
<p>100. Signature of medical examiner: _____</p>	

AB-158226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3657

BIRTH NO. 52 3657

1. NAME OF DECEASED
(Type or Print)

Arthur Harris

2. DATE
OF
DEATH

April 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

822 Shuter St. zone 5

C. Length of stay in Baltimore

24yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 8-1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Labourer

Gen

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Harris

14. MOTHER'S MAIDEN NAME

Amanda ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Conjunctive Heart Failure

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12-1952 to 4-13-1952, that I last saw the
deceased alive on 4-13-1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-15-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

R. Huntington Williams

Mrs. Robert A. Elliott & Daughter

VS 150

97099

1129 N. Caroline St

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

TIME OF BIRTH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3658**

BIRTH NO. **500 3658**

1. NAME OF DECEASED (Type or Print) PASQUALE VINE or Vena		2. DATE OF DEATH April 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6608 Fait Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Retired		10B. KIND OF BUSINESS OR INDUSTRY Sec	9. AGE (In years last birthday) 73 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Department of public Welfare		ADDRESS	

18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/14/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 16/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Graves & Keller ADDRESS 322 S. High st.		

97899

TO THE DIRECTOR, DEPARTMENT OF JUSTICE, FROM THE ATTORNEY GENERAL, MAY 10, 1954.

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3659

Registered No. _____

3659

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Alice C Rock			2. DATE OF DEATH April 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 5113 Crosswood Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 5113 Crosswood Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 17, 1874		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Thomas Kernan			14. MOTHER'S MAIDEN NAME Ellen Hughes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mr. Jos eph Rock 5113 Crosswood Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
(A) DUE TO _____		
(B) DUE TO _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Oct. 1946** to **April 1952**, that I last saw the deceased alive on **Dec. 29, 1951**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Kammer, Jr. M. D.	23B. ADDRESS 501 Sheridan Ave.	23C. DATE SIGNED 4/15/52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE Apr. 17, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
		24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Rita Wiedefeld	ADDRESS 900 E. Biddle St
--	---	---	------------------------------------

1953

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

246
52 3660

Kessler
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 3660**

1. NAME OF DECEASED (Type or Print) <i>Harry Kessler</i>		2. DATE OF DEATH <i>13 April 1952</i> <i>9 P.M.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore</i> <i>10-01</i>	
5. SEX <i>male</i>		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>8 Aug. 1879</i>	9. AGE (in years, last birthday) <i>72</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Charles Kessler</i>		14. MOTHER'S MAIDEN NAME <i>Mary Garrett</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>Chronic Myocarditis</i>	<i>2 yrs</i>
	(B) <i>Bronchial Asthma</i>	<i>3 yrs</i>
	(C) <i>Arterio-Sclerosis</i>	<i>5 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *March 4*, 1952, to *April 13*, 1952, that I last saw the deceased alive on *April 12*, 1952, and that death occurred at *9 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Gull Hall MD* M. D. 23B. ADDRESS *16318 North Ave* 23C. DATE SIGNED *April 14 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 17/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>		24D. LOCATION (City, town, or county) (State) <i>Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>		25. FUNERAL DIRECTOR <i>Rita Whitefield</i>		ADDRESS <i>900 E. Biddle St</i>	

MEDICAL CERTIFICATION

0000

50

RECEIVED

0000

50

0000

50

RECEIVED

0000

50

512
2 3661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3661

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES HAVEN SIMPSON
Charles Simpson

2. DATE
OF
DEATH

4/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

422 Sinai Hospital of Baltimore Inc.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-34

D. STREET ADDRESS (If rural, give location)

2100 O'Dell Ave

C. Length of stay in Baltimore

5 Yrs. *10* Mos. *20* Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/13/90

9. AGE (in years last birthday)

62

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

11 Co.

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Benjamin Simpson

14. MOTHER'S MAIDEN NAME

Alma Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

235-10-8447

17. INFORMANT

2100 O'Dell Avenue Mrs. Xava Simpson

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Myocardial Infarction
Coronary Artery Thrombosis
Coronary Artery Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/15*, 19*52* to *4/14*, 19*52* that I last saw the deceased alive on *4/14*, 19*52* and that death occurred at *640* pm., from the causes and on the date stated above.

23A. SIGNATURE

Max J. Miller

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/17/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

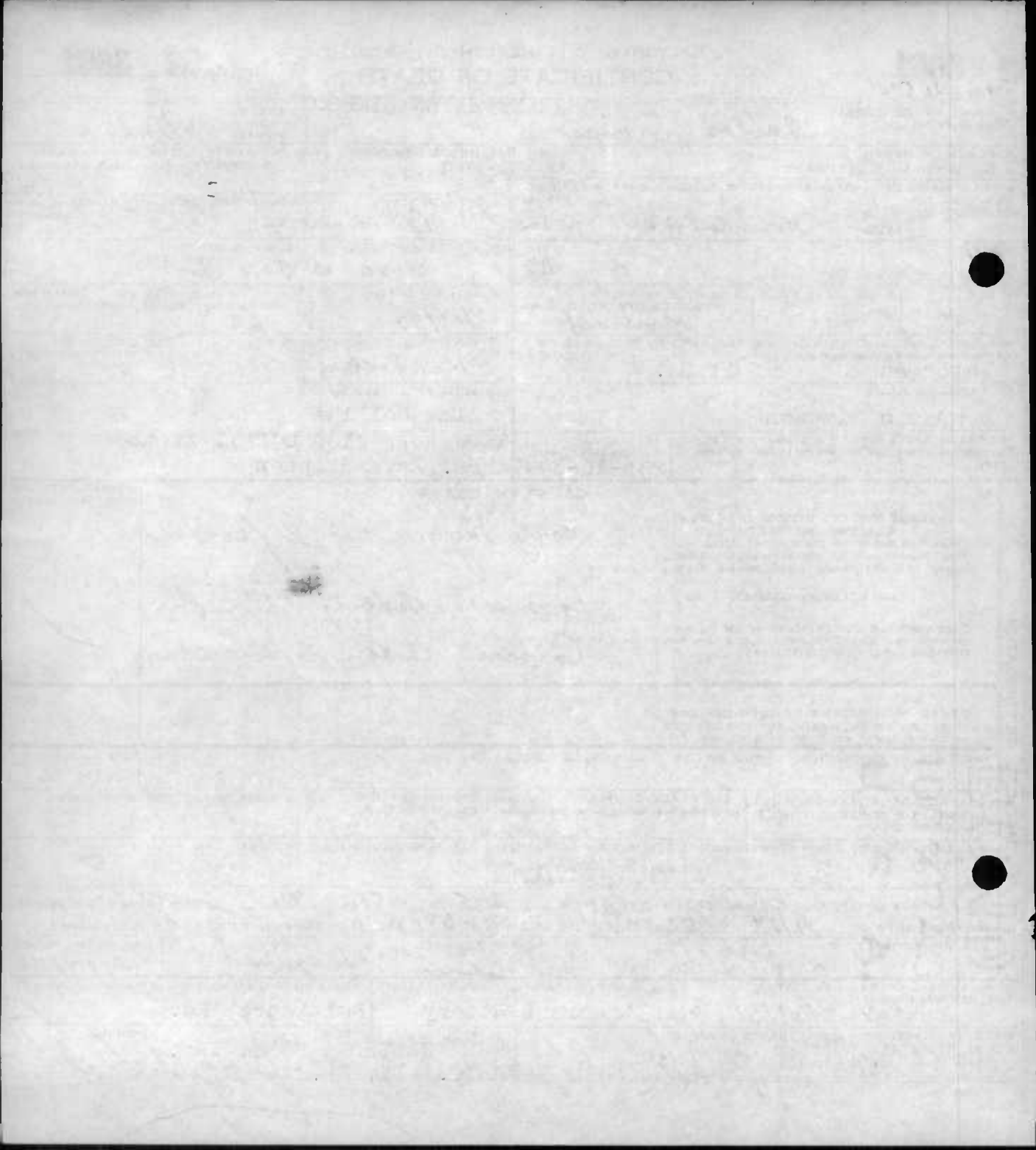
HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 613, MD.

James F. Sander

76345



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3662**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOTTIE M. HUNDLEY			2. DATE OF DEATH Apr. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3143 Abell Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3143 Abell Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 9, 1874		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank W. Mullin			14. MOTHER'S MAIDEN NAME May J. Miskell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 3143 Abell Avenue Dr. Alwyn Hundley, Jr.		

1B. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Booth Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac decompensation		Several weeks
(C) Arterio sclerosis, general + cerebral many years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 19 , 19 52 , to April 14 , 19 52 ; that I last saw the deceased alive on April 12 , 19 52 , and that death occurred at 6:22 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE John Tilden Howard		23B. ADDRESS 12 East Eager St. Balt^o, Md		23C. DATE SIGNED April 15, '52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/17.52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC BALTO., MD.			
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		REGISTRAR'S SIGNATURE Huntington W. Williams, M.D.			

5000

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

February 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

Very truly yours,

W. L. RORER, Secretary.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3663**

225
52 3663
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS C. BECKHUSEN			2. DATE OF DEATH Apr. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 18 N. Pulaski St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 18 N. Pulaski St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 24, 1884		9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Book Binder		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME Louis C. Beckhusen			14. MOTHER'S MAIDEN NAME Lena Bitzel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-01-5298	17. INFORMANT ADDRESS Mrs. Ada Beckhusen - 18 N. Pulaski St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pulmonary Edema DUE TO (B) Coronary Embolism DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension, Arterio Sclerosis	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Mar 10, 1946**, to **Apr 13, 1952**, that I last saw the deceased alive on **Apr 13, 1952**, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **James L. Kitzberger** M. D. 23B. ADDRESS **721 Medical Arts Bldg** 23C. DATE SIGNED **4/15/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/14/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Tiekner & Sons Balto 17, Md.

5024M

MEDICAL CERTIFICATION

1988 12

RECEIVED BY THE DIRECTOR
CENTRAL DEPT. OF STATE

1988



435
2 3664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3664

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEMBROKE T. POULTON

2. DATE
OF
DEATH

April 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

111 E. Clement St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

111 E. Clement St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 2, 1881

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paymaster

10B. KIND OF BUSINESS OR
INDUSTRY

Brewery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Poulton

14. MOTHER'S MAIDEN NAME

Mary Didenhover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna A. Poulton - 111 E. Clement St.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Left hemiplegia

DUE TO

(C) Hypertension - Cerebral hemorrhage.

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952 to April 13, 1952, that I last saw the
deceased alive on April 10, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Lee K. Fargo M. D.

23B. ADDRESS

1800 N. Charles St

23C. DATE SIGNED

4/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

4/16/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John J. Ticker & Sons

APR 16 1952

VS 150

390 46

Balto, Md.

MEDICAL CERTIFICATION

1940

5

RECEIVED

1940



CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Informant		12. Date of Entry	
13. Signature of Medical Officer		14. Signature of Health Officer		15. Signature of Coroner		16. Signature of Jury	
17. Signature of Minister of Religion		18. Signature of Burial Officer		19. Signature of Undertaker		20. Signature of Cemetery	
21. Signature of Funeral Home		22. Signature of Burial Society		23. Signature of Burial Association		24. Signature of Burial Society	
25. Signature of Burial Association		26. Signature of Burial Society		27. Signature of Burial Association		28. Signature of Burial Society	
29. Signature of Burial Association		30. Signature of Burial Society		31. Signature of Burial Association		32. Signature of Burial Society	
33. Signature of Burial Association		34. Signature of Burial Society		35. Signature of Burial Association		36. Signature of Burial Society	
37. Signature of Burial Association		38. Signature of Burial Society		39. Signature of Burial Association		40. Signature of Burial Society	
41. Signature of Burial Association		42. Signature of Burial Society		43. Signature of Burial Association		44. Signature of Burial Society	
45. Signature of Burial Association		46. Signature of Burial Society		47. Signature of Burial Association		48. Signature of Burial Society	
49. Signature of Burial Association		50. Signature of Burial Society		51. Signature of Burial Association		52. Signature of Burial Society	
53. Signature of Burial Association		54. Signature of Burial Society		55. Signature of Burial Association		56. Signature of Burial Society	
57. Signature of Burial Association		58. Signature of Burial Society		59. Signature of Burial Association		60. Signature of Burial Society	
61. Signature of Burial Association		62. Signature of Burial Society		63. Signature of Burial Association		64. Signature of Burial Society	
65. Signature of Burial Association		66. Signature of Burial Society		67. Signature of Burial Association		68. Signature of Burial Society	
69. Signature of Burial Association		70. Signature of Burial Society		71. Signature of Burial Association		72. Signature of Burial Society	
73. Signature of Burial Association		74. Signature of Burial Society		75. Signature of Burial Association		76. Signature of Burial Society	
77. Signature of Burial Association		78. Signature of Burial Society		79. Signature of Burial Association		80. Signature of Burial Society	
81. Signature of Burial Association		82. Signature of Burial Society		83. Signature of Burial Association		84. Signature of Burial Society	
85. Signature of Burial Association		86. Signature of Burial Society		87. Signature of Burial Association		88. Signature of Burial Society	
89. Signature of Burial Association		90. Signature of Burial Society		91. Signature of Burial Association		92. Signature of Burial Society	
93. Signature of Burial Association		94. Signature of Burial Society		95. Signature of Burial Association		96. Signature of Burial Society	
97. Signature of Burial Association		98. Signature of Burial Society		99. Signature of Burial Association		100. Signature of Burial Society	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-3666**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES RYDER MURPHY, JR.

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3708 Duvall Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3708 Duvall Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 9, 1886

9. AGE (In years last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR INDUSTRY

silver

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James R. Murphy, Sr.

14. MOTHER'S MAIDEN NAME

Margaret Snow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Murphy, 3708 Duvall Ave.

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Edema

sev. Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of the Lung

**about
one month**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 2, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the Lung

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **about 1947**, 19 **to April 15, 1952**; that I last saw the deceased alive on **April 12, 1952**, and that death occurred at **5 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hightstein

23B. ADDRESS

888 W. Lombard St.

23C. DATE SIGNED

4-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Balto 17 Md.

MEDICAL CERTIFICATION

1. Name (Last, First, Middle Initial) 		2. Date of Birth 		3. Sex 	
4. Place of Birth 		5. Present Address 		6. Previous Address 	
7. Education 		8. Occupation 		9. Social Security Number 	
10. Marital Status 		11. Date of Marriage 		12. Name of Spouse 	
13. Name of Child 		14. Date of Birth 		15. Sex 	
16. Name of Child 		17. Date of Birth 		18. Sex 	
19. Name of Child 		20. Date of Birth 		21. Sex 	
22. Name of Child 		23. Date of Birth 		24. Sex 	
25. Name of Child 		26. Date of Birth 		27. Sex 	
28. Name of Child 		29. Date of Birth 		30. Sex 	
31. Name of Child 		32. Date of Birth 		33. Sex 	
34. Name of Child 		35. Date of Birth 		36. Sex 	
37. Name of Child 		38. Date of Birth 		39. Sex 	
40. Name of Child 		41. Date of Birth 		42. Sex 	
43. Name of Child 		44. Date of Birth 		45. Sex 	
46. Name of Child 		47. Date of Birth 		48. Sex 	
49. Name of Child 		50. Date of Birth 		51. Sex 	
52. Name of Child 		53. Date of Birth 		54. Sex 	
55. Name of Child 		56. Date of Birth 		57. Sex 	
58. Name of Child 		59. Date of Birth 		60. Sex 	
61. Name of Child 		62. Date of Birth 		63. Sex 	
64. Name of Child 		65. Date of Birth 		66. Sex 	
67. Name of Child 		68. Date of Birth 		69. Sex 	
70. Name of Child 		71. Date of Birth 		72. Sex 	
73. Name of Child 		74. Date of Birth 		75. Sex 	
76. Name of Child 		77. Date of Birth 		78. Sex 	
79. Name of Child 		80. Date of Birth 		81. Sex 	
82. Name of Child 		83. Date of Birth 		84. Sex 	
85. Name of Child 		86. Date of Birth 		87. Sex 	
88. Name of Child 		89. Date of Birth 		90. Sex 	
91. Name of Child 		92. Date of Birth 		93. Sex 	
94. Name of Child 		95. Date of Birth 		96. Sex 	
97. Name of Child 		98. Date of Birth 		99. Sex 	
100. Name of Child 		101. Date of Birth 		102. Sex 	

500
2 3667
BIRTH NO.

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3667
Registered No.

1. NAME OF DECEASED (Type or Print) Gladys Wynn		2. DATE OF DEATH 4-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-04 C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 1040 N. Gay St	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		5. LENGTH OF STAY IN BALTIMORE 21 yrs	
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-17-1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY Hotel	9. AGE (in years last birthday) 43
11. BIRTHPLACE (State or foreign country) S. C		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Charles Pickett		14. MOTHER'S MAIDEN NAME Lula Hunt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter Wynn		ADDRESS 1040 N. Gay St	

18. 672X and 678X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post partum Hemorrhage	CAUSE OF DEATH (A) Post partum Hemorrhage DUE TO (B) Endometritis DUE TO (C) Septicemia	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. !! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William V. Roberts	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR 4-13-52	23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-15-52	24C. NAME OF CEMETERY OR CREMATORY MT Calvary Cem.
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Rayner Sanders
24D. LOCATION (City, town, or county) (State) A. A. Co Md		ADDRESS 217 E. Preston St

V S 151
6908B
217 E. Preston St

April 1962

1. The Committee has received a request from the

Department of Health and Human Services for a

review of the current status of maternal mortality

in the United States.

2. The Committee has reviewed the data and

concludes that the current status of maternal

mortality is satisfactory.

3. The Committee has also reviewed the data

and concludes that the current status of

maternal mortality is satisfactory.

4. The Committee has also reviewed the data

and concludes that the current status of

maternal mortality is satisfactory.

5. The Committee has also reviewed the data

and concludes that the current status of

maternal mortality is satisfactory.

160
52 3668BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3668

1. NAME OF DECEASED (Type or Print) <u>William J. SEBRA</u>		2. DATE OF DEATH <u>14 April 1952</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital of Maryland, Inc.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Catonsville 5200</u>	
c. Length of stay in Baltimore <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>Spring Grove State Hospital</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>6 Dec. 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook's helper</u>		11. BIRTHPLACE (State or foreign country) <u>Ophelia - Virginia</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Madison Sebra</u>		14. MOTHER'S MAIDEN NAME <u>Anna Katherine Sebra</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>28</u>	
17. INFORMANT <u>Mrs. James J. Sebra - 25 Sanford Ave</u>		ADDRESS <u>28</u>	
18. <u>241X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Heart failure</u> DUE TO ANTECEDENT CAUSES (B) <u>Cor pulmonale</u> DUE TO (C) <u>Bronchial asthma; emphysema</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>many years</u>			
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/10</u> , 1952 to <u>4/14</u> , 1952 that I last saw the deceased alive on <u>4/14</u> , 1952 and that death occurred at <u>6:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William F. Hunter M. O.</u>		23b. ADDRESS <u>Lutheran Hospital, Baltimore</u>	
23c. DATE SIGNED <u>4/14 '52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-17-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>		24d. LOCATION (City, town, or county) (State) <u>Baltimore - Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 16 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Joe Nettleson</u>		ADDRESS <u>Catonsville - Md</u>	

[Faint, illegible handwriting on lined paper, possibly bleed-through from the reverse side. The text is mostly mirrored across the center line.]

620
52 3669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3669
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Bessie Viola George		April 14 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE	
3400 Westfield		Maryland	
C. Length of stay in Baltimore		B. COUNTY	
Yrs. Mos. Days		C. CITY OR TOWN	
		Baltimore	
5. SEX		D. STREET ADDRESS (If rural, give location)	
Female		Orundel Rd - Riviera Beach	
6. COLOR OR RACE		8. DATE OF BIRTH	
White		July 12 - 1881	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (in years last birthday)	
Married		70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
at home		Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jacob Miller		Mary Eastday	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT	
		Mr Bernard J. George - same	
16. SOCIAL SECURITY NO.		ADDRESS	
18. 141X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Carcinoma of the tongue	
(A) DUE TO		Interval between onset and death	
ANTECEDENT CAUSES		5 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) With metastases	
(C) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
		INJURY	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from April 18, 1952, to April 14, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
D. Schlar		7122 Norfolk Rd	
M. D.		23C. DATE SIGNED	
		4/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		4/17/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Holy Redeemer Park		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
APR 16 1952		Huntington Williams, M.D. 5305 Kuyfard St	

MEDICAL CERTIFICATION

Dr. S. K. Jensen
7/22/1941

550

Dr. Golley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3670

BIRTH NO. 52 3670

1. NAME OF DECEASED (Type or Print) Elizabeth Hammen			2. DATE OF DEATH April 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3400 White Avenue			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 27-41		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3400 White Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH Oct. 27, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew Perry			14. MOTHER'S MAIDEN NAME Jane ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Louis W. Hammen, 3400 White		

18. 443X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Hypertensive Cardiovascular disease
DUE TO(B) Cerebral Hemorrhage
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 Days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1952 to 4/15, 1952, that I last saw the deceased alive on 4/15, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-18-52

Baltimore Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **3671**

BIRTH NO. 3671

1. NAME OF DECEASED (Type or Print) George Henry Sperlein			2. DATE OF DEATH April 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3010 Fleetwood Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3010 Fleetwood Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 27, 1894		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Officer, Balto City			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Jersey
13. FATHER'S NAME Martin Sperlein			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Florence Sperlein, 3010 Fleetwood	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis		1 day
(C) Arterio Sclerosis		5 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to April 15, 1952 , that I last saw the deceased alive on April 15, 1952 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Edward J. Ruck M. D.		23B. ADDRESS 1 W. Greengarden		23C. DATE SIGNED 4/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-18-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J Ruck, 5305 Harford Road	

MEDICAL CERTIFICATION

Dr. Benson

652
3672BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3672

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE J. FRANZ 2. DATE OF DEATH 4-15-1952

3. PLACE OF DEATH:
a. Baltimore City, Marylandb. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1604 LEMMON ST

c. Length of stay in Baltimore 36

5. SEX FEMALE 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, or, if retired) HOUSE WIFE 10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME PATRICK HARMON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. NONE

18. 422.1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(B) Arteriosclerotic Cardiovascular Disease unknown

ANTECEDENT CAUSES

DUE TO

(A) Terminal Bronchopneumonia 2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1952 to April 15, 1952 that I last saw the deceased alive on April 14, 1952, and that death occurred at 7:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE Nathan Racusen

23B. ADDRESS M. D. 206 S. Gilmore St

23C. DATE SIGNED 4.16.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE 4-18-52

24C. NAME OF CEMETERY OR CREMATORY Houdon Park

24D. LOCATION (City, town, or county) (State) BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952



CERTIFICATE CORRECTED APRIL 21, 1952
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3673

BIRTH NO. 120 3673

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HENRY SOBUS		April 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1811 E. Baltimore Street	
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 1895	
9. AGE (In years last birthday) 56		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOHN SOBUS.		14. MOTHER'S MAIDEN NAME JULIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-5739	
17. INFORMANT FRANCES N SOBUS		ADDRESS 1811 E BALTIMORE ST	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) FATTY LIVER Coronary artery sclerosis		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.....		23C. DATE SIGNED April 15, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE APRIL 18 1952		24C. NAME OF CEMETERY OR CREMATORY ST STANISLAUS CEMETERY
24D. LOCATION (City, town, or county) DUNDALK AVE MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		24F. REGISTRAR'S SIGNATURE H. H. H. H. H.
24G. FUNERAL DIRECTOR 1800 E LONG GARD ST		24H. ADDRESS		24I. V S 151

590 46

See Document File 52-3673

Medical (Asst) Examiner's letter

650

3674

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3674

1. NAME OF DECEASED
(Type or Print)

MRS AGNES KEARNEY

2. DATE
OF
DEATH

4/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BEGGARM 2

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

WILLIAM BUCHOLTZ

14. MOTHER'S MAIDEN NAME

ALMA HOEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR CARL BUCHOLTZ SAME

18. 420.0

CAUSE OF DEATH

(BROTHER)

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

7 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic heart
disease

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1952, to 4-16, 1952, that I last saw the
deceased alive on 4-16, 1952, and that death occurred at 2:21 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Huntington Williams, MD

H. W. JENKINS & SONS Co. 4905 YORK ROAD

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 3675**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA MABEL LOTT

2. DATE
OF
DEATH

4/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3807 6th Street**

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3803 6th Street

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1/9/1881

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry W. Dunkelberger

14. MOTHER'S MAIDEN NAME

Elizabeth Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary occlusion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **hypertensive cardiac -
vascular disease**
DUE TO

6 hrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 14, 1946** to **Apr 14, 1952**, that I last saw the
deceased alive on **Apr 14, 1952**, and that death occurred at **11:50 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Philip W. Keister

M. D.

23B. ADDRESS

302 Patuxent Ave

23C. DATE SIGNED

4-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Millers Crossroads

24D. LOCATION (City, town, or county) (State)

Sunbury, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

654
2 3676BRAUNLICH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3676

1. NAME OF DECEASED (Type or Print) <i>Emilie Hedwig Braunlich</i>			2. DATE OF DEATH <i>Apr. 16, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Hospital for the Women of Md.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>230 Homewood Terrace</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 22, 1862</i>	9. AGE (In years last birthday) <i>89</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Davenport, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Jacob Hoering</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Kade Hof</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Hies Braunlich 230 Homewood Ter.</i>		

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *April 14, 1952*, to *April 16, 1952*, that I last saw the deceased alive on *April 15, 1952*, and that death occurred at *12:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
APR 16 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*1512 Hallis St
Bulto 23
md*

Heart garden

There's a lot of love

there

in the garden

in the garden

in the garden

530
3677BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3677

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUCILLE HUNT		2. DATE OF DEATH 4/15/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-19	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2804 Whitney Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED M (Specify)	8. DATE OF BIRTH Oct. 26, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 50 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME James J. Commerce		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Annie Gordon		17. INFORMANT ADDRESS John J. Hunt, 2804 Whitney Ave.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CIRRHOSIS OF THE LIVER (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/28, 1952** to **4/15, 1952**, that I last saw the deceased alive on **4/15, 1952**, and that death occurred at **9:20 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Emmanuel Soto M. D.	23B. ADDRESS Sinai Hospital, Baltimore	23C. DATE SIGNED 4/15/52
---	---	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/18/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	24D. LOCATION (City, town, or county) (State) Pikesville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. Cook Inc.	ADDRESS 1217 St Paul St

1977

CERTIFICATE OF DEATH

WATLEY

CONCORDIA

INDIAN

CHICKASAW

INDIAN

DECEASED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 3678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY HAYS

2. DATE
OF
DEATH

April 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Virginia

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Richmond

D. STREET ADDRESS (If rural, give location)

101 S. 30th Street

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

about 1892

9. AGE (In years last birthday)

58

10 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sawyer

10B. KIND OF BUSINESS OR INDUSTRY

Box Factory

11. BIRTHPLACE (State or foreign country)

Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alfred Hays

14. MOTHER'S MAIDEN NAME

Azelius

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alfred Hays - 1635 Dartford Rd., Essex

18. E 929.8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning, found drowned

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

found foot of Central Avenue

3-2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found 4/6/52 2:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

drowning, found drowned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Cook

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

4/16/52

M.D.

23D. MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/17/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 16 1952

Wm. Cook Inc.

1217 St. Paul Street

1217 St. Paul Street

V S 151

N 990X

674 32

CENTROGRAPH OF DEATHS

STATE OF TEXAS

524
3679BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3679

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLIFFORD WENSLEY			2. DATE OF DEATH April 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH Sept 29, 1895		
9. LENGTH OF STAY IN BALTIMORE 15 years			10. STREET ADDRESS (If rural, give location) 5323 Thimble		
11. AGE (In years last birthday) 56			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Frank Wensley			14. MOTHER'S MAIDEN NAME Beaver		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. Robert Wensley 1809 St. Balto St.		
17. INFORMANT Robert Wensley			18. ADDRESS 1809 St. Balto St.		

18. 422.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic Cardiovascular Disease			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R.R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/>		23C. DATE SIGNED 4/14/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 16, 1952		24C. NAME OF CEMETERY OR CREMATORY Huntington Williams M.C.		24D. LOCATION (City, town, or county) (State) Toronto Canada	
DATE RECEIVED BY LOCAL REGISTRAR APR 16 1952		REGISTRAR'S SIGNATURE Huntington Williams M.C.		25. FUNERAL DIRECTOR F.D. Shappert		ADDRESS 1306 E. Ontario Ave	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3680
Registered No.

635
2 3680
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Beatrice Pearl Friedenwald</u>			2. DATE OF DEATH <u>April 4, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltd. Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>16-0-1</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3023 Presstman St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>20 years</u>			D. STREET ADDRESS (If rural, give location) <u>3023 Presstman Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 13-1890</u>	9. AGE (In years last birthday) <u>62</u>	10. Under 1 Year Months: <u>2</u> Days: <u>1</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <u>?</u>			12. CITIZEN OF WHAT COUNTRY? <u>Illinois</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Norman Friedenwald</u>			ADDRESS		

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Two weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from OCT 1948 to APR. 14, 1952 that I last saw the deceased alive on APR. 14, 1952 and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>L. Emmett Sullivan</u>		23B. ADDRESS <u>Red St Bldg - Baltd. Md</u>		23C. DATE SIGNED <u>4/15/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>April 17-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Old Frederick Rd. Baltd. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 16 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Joseph J. Jones, Inc. 2013 Greenmount Ave</u>		

MEDICAL CERTIFICATION

0880

50

5000

WATER OF AFRICA

0880

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

5000

WATER OF AFRICA

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3681**

620
2 3681
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jane Dorsey</i>			2. DATE OF DEATH <i>Apr 14 1952</i> <i>4 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sister of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
C. Length of stay in Baltimore <i>4</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Feb 14 1850</i>	9. AGE (In years last birthday) <i>102</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>St. Marys Co</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Marcellus Ford</i>			14. MOTHER'S MAIDEN NAME <i>Susan Williams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>10 yrs</i>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *March 15*, 1952 to *April 14*, 1952, that I last saw the deceased alive on *April 14*, 1952, and that death occurred at *4 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall M.D.</i>		23B. ADDRESS <i>1631 E. North Ave</i>		23C. DATE SIGNED <i>Apr 15 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 18 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 16 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Gita Wedefeld 900 E. Biddle St</i>	

MEDICAL CERTIFICATION

1236 92

1236

AB-157360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3682

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alphonse Schofield

2. DATE
OF
DEATH

4-13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY WorcesterC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Henryton PocomokeD. STREET ADDRESS (If rural, give location)
Henryton State Hospital 73395. SEX
M6. COLOR OR RACE
N7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 3 ?

9. AGE (In years
last birthday)

3?

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

13. FATHER'S NAME

James Custus

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Ave.

ADDRESS

18. DIOX

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis meningitis

DUE TO

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3-28-1952 to 4-13-1952, that I last saw the
deceased alive on 4-13-1952 and that death occurred at 6.50P.m., from the causes and on the date stated above.

23A. SIGNATURE

P. D. Rogers

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-16-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/19/1952

24C. NAME OF CEMETERY OR CREMATORY

St James Cem.

24D. LOCATION (City, town, or county)

Pocomoke City Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Edgar W. Bladen

ADDRESS

1000 Blantyre Ave

1000

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

1-1

620
52 3683BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3683

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carrie A. Serricks</i>			2. DATE OF DEATH <i>Apr. 14, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2337 St. Lexington St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-02</i>		
C. Length of stay in Baltimore <i>67 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2337 St. Lexington St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>July 27, 1884</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Horace Beale</i>			14. MOTHER'S MAIDEN NAME <i>Mildred ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>331X</i>	17. INFORMANT <i>Thelma D. Shipley</i>		ADDRESS <i>2337 St. Lexington St.</i>

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebral Hemorrhage*
(Sept.)
DUE TO*5 1/2 mo.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Malignant Hypertension*
DUE TO
(C)*6 mo.*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-24, 1951*, to *4-14, 1952*, that I last saw the deceased alive on *4-14, 1952*, and that death occurred at *7:20 A. M.*, from the causes and on the date stated above.23A. SIGNATURE
*Thelma D. Shipley*23B. ADDRESS
*1543 Penn. Ave*23C. DATE SIGNED
4/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
*4-17-1952*24C. NAME OF CEMETERY OR CREMATORY
*Mt. Zion*24D. LOCATION (City, town, or county) (State)
*Baltimore Co., Md.*DATE RECEIVED BY LOCAL REGISTRAR
*APR 17 1952*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Ballard Funeral Home*ADDRESS
607 A. M. St. Still Ave.

-530

52 3684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3684

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Lee GANTT

2. DATE
OF
DEATH

APR 15 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-03

D. STREET ADDRESS (If rural, give location)

2361 Druid Hill Ave

C. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

sp.

8. DATE OF BIRTH

9-26-91

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work, omitting most of working life, even if retired)

Attendant

10B. KIND OF BUSINESS OR
INDUSTRY

Garage

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. A. I. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Gantt

14. MOTHER'S MAIDEN NAME

Alice Rick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 575x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subacute bacterial endocarditis 8-12 wks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Perirectal abscess 6 mo.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease 2 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18-1952 to 4-13-1952 that I last saw the
deceased alive on 4-13-1952 and that death occurred at 330 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Williams M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Apr. 1952 Mt. Auburn Baltimore, Md.

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25A. FUNERAL DIRECTOR

Funeral Home

DATE RECEIVED BY
LOCAL REGISTRAR

APR 17 1952

2608 Druid Hill Ave.

52 3685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LINDA

SHEETS

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1004 Quattril Way

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 23 1936

9. AGE (In years
last birthday)

6

If Under 1 Year
Months DaysIf Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Girl

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roscoe Sheets

14. MOTHER'S MAIDEN NAME

Vee Sheets

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Roscoe Sheets 1004 Quattril Way

ADDRESS

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Head injury

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Peritoneal hemorrhage

DUE TO laceration of liver and spleen

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 40 where it crosses Route 144

21D. TIME (Month) (Day) (Year) (Hour)

April 15, 1952 7:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto and auto collision

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 16, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-19-52

24C. NAME OF CEMETERY OR CREMATORY

Peak Creek Cem.

24D. LOCATION (City, town, or county)

Laurel Springs North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

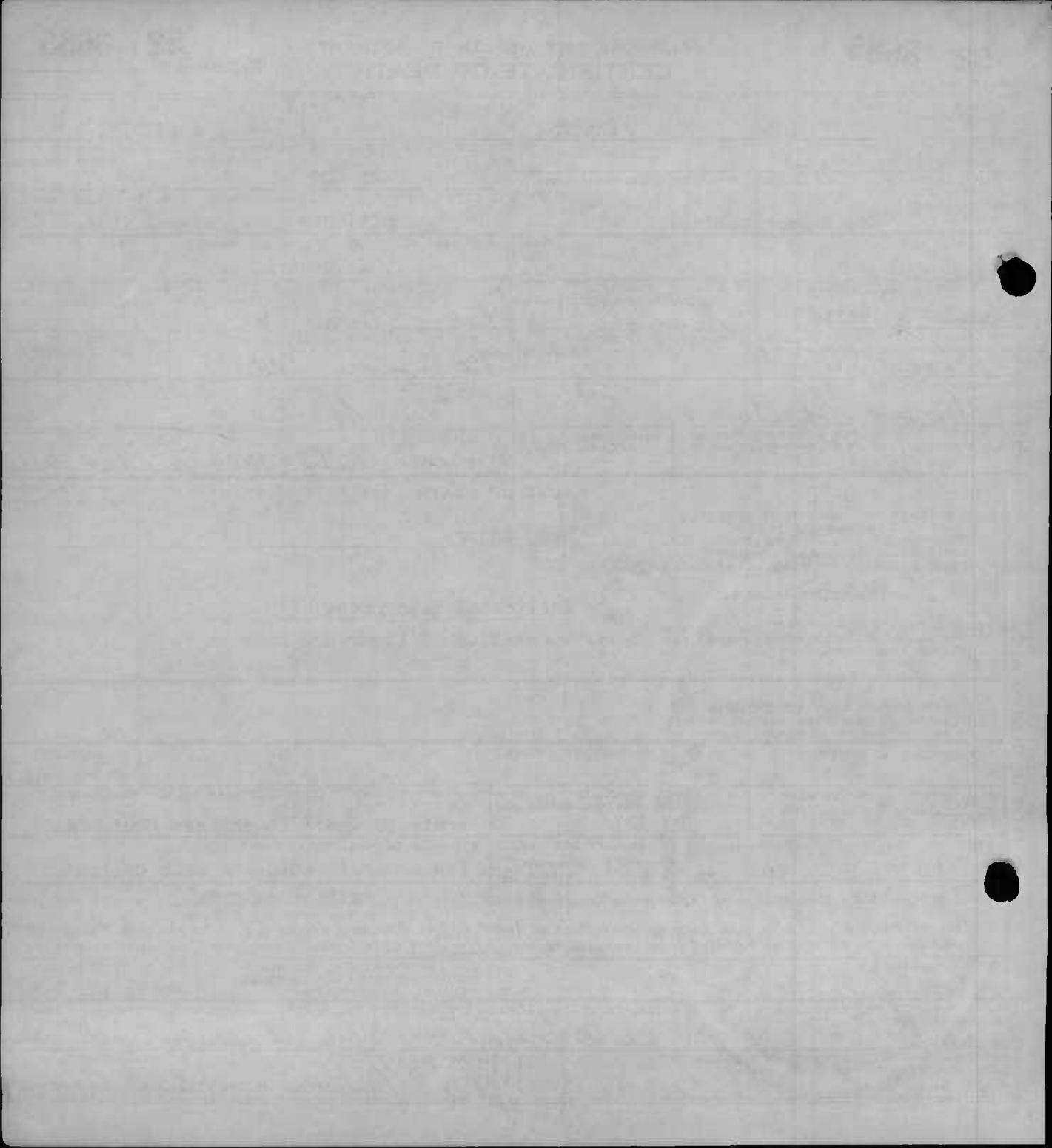
ADDRESS

APR 17 1952

VS 151

N 856.2

John A. Miller Inc. - 2435 E. Ohio St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 3686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

002X

52 3686
Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address. 415 George St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

HERBERT POPE

3 (b) If veteran, name war

3 (c) Social Security Account
No.

4. Sex M

5. Color or race
Col.

6 (a) Single, married, widowed, or
divorced. Single

6 (b) Name of husband or wife. none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-1882

8. AGE:

Years 70

Months

Days

If less than one day

hr. min.

9. Birthplace

N. C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

unemployed
laborer

12. Name

13. Birthplace

N. C.

14. Maiden Name

15. Birthplace

N. C.

16 (a) Informant

(b) Address

M. Davis
510- Peach St.

17 (a) (Burial, cremation, or removal)

(b) Date thereof

4/17/52
(month) (day) (year)

(c) Cemetery or crematory

Location

Westview
Wettpg

18 (a) Funeral director

(b) Address

W. A. D. L. L. L.
918-2nd St.

19 APR 17 1952
(Date rec'd by Registrar)

Huntington Williams
(Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md

(b) County

(c) City or town

Balto., Md. 17-01

(If outside city or town limits, write RURAL and give town)

(d) Street No.

415 George St.

(If rural give location)

(e) Citizen of foreign country?

no

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12

1952

at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1952 to April 12 1952 and that I last saw him alive on April 1 1952

Immediate cause of death

Tuberculosis, Pulmonary

Duration

8 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

PHYSICIAN

Underline the cause to which death should be charged statistically.

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at

M

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Wesfolk
1506 Penna. Ave.

M. D.

Address

Date signed

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

420

52 3687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3687

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WALSH, SJ

2. DATE
OF DEATH

APRIL 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

MERCY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WOOD STOCK 6300

D. STREET ADDRESS (If rural, give location)

WOODSTOCK COLLEGE

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 14, 1921

9. AGE (In years
last birthday)

30

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RELIGIOUS

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

D. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

DAVID P. WALSH

14. MOTHER'S MAIDEN NAME

ESTELLE HEARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

PATIENT

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)CAUSE OF DEATH
INTERA-VENTRICULAR THROMBUS (R)
EXTENDING INTO AURICLEINTERVAL BETWEEN
ONSET AND DEATH

4 Days

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from APRIL 11, 1952, to APRIL 16, 1952, that I last saw the
deceased alive on APRIL 16, 1952, and that death occurred at 8:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 17 1952

Huntington Williams, M.D.

Bernard E. Horle 121 E West St

OBFW

MEDICAL CERTIFICATION

Correct 26

THE UNIVERSITY OF CHICAGO
LIBRARY OF THE DIVISION OF THE PHYSICAL SCIENCES

1958

1958 3 2 8

240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3688

BIRTH NO. 52 3688

1. NAME OF DECEASED
(Type or Print)

OSCAR RICHARD WAGELEY, SR

2. DATE
OF
DEATH

4/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL DUA.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE, 26-07

D. STREET ADDRESS (If rural, give location)

910 S. PONCA ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 10, 1897

9. AGE (in years last birthday)

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WELDER

10B. KIND OF BUSINESS OR INDUSTRY

STEEL CO

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

THOMAS WAGELEY

CONIT.

14. MOTHER'S MAIDEN NAME

LULA REID

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CLARA WAGELEY 910 S. PONCA ST.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

DUE TO

(C)

Hypertension

1/2 hr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-49, 19, to 45-52, 19, that I last saw the deceased alive on 4-15-52, 19, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John Constantine

M. D.

23B. ADDRESS

234 S. Conkling St.

23C. DATE SIGNED

4-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4/19/52

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK RD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST

VS 150

-30

MEDICAL CERTIFICATION

68524

Wesley

← JOHN STURAN

223 68

MV. 3135

R. Friedman
DL0924

251

52 3689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3689

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Raphael Rosenberg

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3822 Rolandview Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3822 Rolandview Ave

Length of stay in Baltimore

Life

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept 28, 1879

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Manager Park Theatre10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel Rosenberg

14. MOTHER'S MAIDEN NAME

Eva Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-18-008117. INFORMANT ADDRESS
Mrs Eva Cohen 3926 Grantley Road

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Degenerative Cardiac-vascular
Disease with
arteriosclerosis and
Heart BlockINTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cormary Thrombosis

?

20 min

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to April 15, 1952 that I last saw the
deceased alive on April 14, 1952 and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. G. Swanson

M. D.

1107 N. Calvert St

4-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 17 1952

Huntington Williams, MD

Sol Lewinson, Bur

North ave

VS 150

2908K

MEDICAL CERTIFICATION

0220 34

RECEIVED

1964

0220 34

1. The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the work done in each of the various departments and a summary of the results achieved. The report then goes on to discuss the financial position of the organization and the measures taken to improve it. Finally, it concludes with a list of recommendations for the future.

2. The second part of the report is a detailed account of the work done in each of the various departments. It begins with a description of the work done in the administrative department, followed by a description of the work done in the technical department. The report then goes on to describe the work done in the financial department and the work done in the personnel department. Finally, it describes the work done in the research department.

3. The third part of the report is a summary of the results achieved during the year. It begins with a summary of the results achieved in the administrative department, followed by a summary of the results achieved in the technical department. The report then goes on to summarize the results achieved in the financial department and the results achieved in the personnel department. Finally, it summarizes the results achieved in the research department.

4. The fourth part of the report is a discussion of the financial position of the organization and the measures taken to improve it. It begins with a discussion of the income and expenditure of the organization, followed by a discussion of the measures taken to reduce expenditure and increase income. The report then goes on to discuss the measures taken to improve the financial position of the organization.

5. The fifth part of the report is a list of recommendations for the future. It begins with a recommendation to improve the administrative system, followed by a recommendation to improve the technical system. The report then goes on to list recommendations for improving the financial system and the personnel system. Finally, it lists recommendations for improving the research system.

52 3690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3690

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA

COLEMAN

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *713 N. Carey St*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital D. O. A.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

713 N. Carey Street

Length of stay in Baltimore

10

Yrs.
Moe.
Days5. SEX
female6. COLOR OR RACE
colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
*Married*B. DATE OF BIRTH
*2-12-1924*9. AGE (In years
last birthday)

28

If Under 1 Year
Months: Days

2 3

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
*Ridgeway S. C.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

*Dave Simmons**S. C.*

14. MOTHER'S MAIDEN NAME

*Daisy Sims**S. C. ✓*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*unknown*16. SOCIAL
SECURITY NO.*?*

17. INFORMANT

Morris Coleman Jr.

ADDRESS

*713 N. Carey St*18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Pulmonary tuberculosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *inspection & inquiry* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: *natural causes* ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*Stanley K. Durlacher M.D.*23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒

23C. DATE SIGNED

*April 15, 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*REMOVED*

24B. DATE

4/17/52

24C. NAME OF CEMETERY OR CREMATORY

RIDGEWAY CEMETRY

24D. LOCATION (City, town, or county)

RIDGEWAY, S. CAROLINA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WILLIAM A. JACKSON

ADDRESS

916 PENNA. AVE.

APR 17 1952

VS 151

52 3691

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3691

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beck, Maude

2. DATE
OF
DEATH

April 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #16

D. STREET ADDRESS (If rural, give location)

1405 Poplar Grove Street

Yrs.
Mos.
Days

Length of stay in Baltimore

70 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

OCT 22 1878

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: Days:

5 25

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ALBERT STUBBS

14. MOTHER'S MAIDEN NAME

SARAH HUGHES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

GLAYS WATSON 1405 POPLAR GROVE ST

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Terminal bronchopneumonia

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular
disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 24, 1952 to April 16, 1952 that I last saw the
deceased alive on April 16, 1952 and that death occurred at 3:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1400 N. Caroline Street

April 16, 1952

24A. BURIAL, CREMA-
TION, or REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY or CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

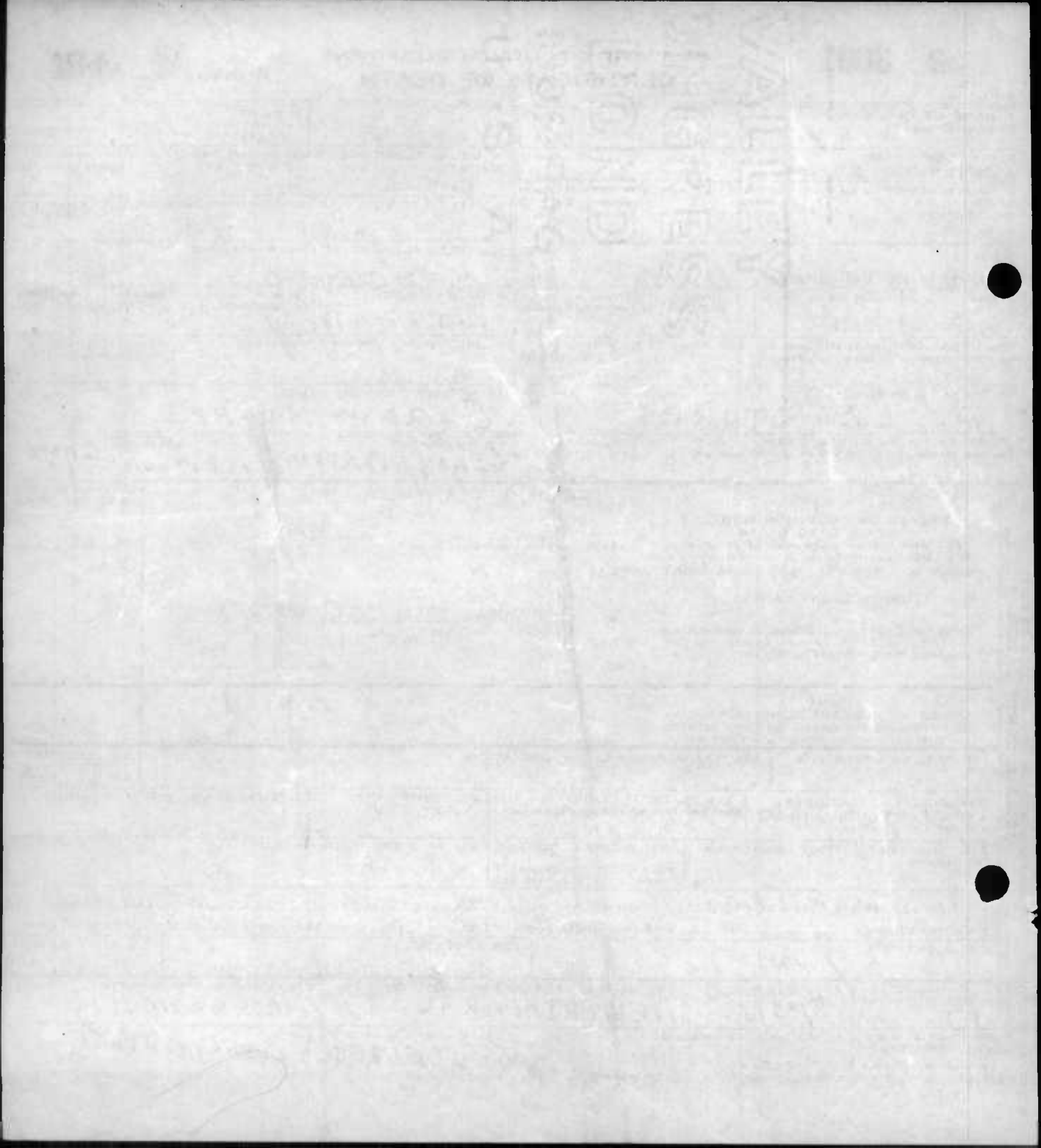
ADDRESS

APR 17 1952

Huntington Williams, M.D. GEORGE LEIMBACH 25 N. LYNDA HURST ST

VS 150

MEDICAL CERTIFICATION



52 3692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3692

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHESTER A. KAUFFMAN

2. DATE
OF
DEATH

4-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MARYLAND

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 9-06

D. STREET ADDRESS (If rural, give location)

2002 E - 30th St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M-

6. COLOR OR RACE

W-

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 13, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MARION - Kauffman

14. MOTHER'S MAIDEN NAME

MARY MEADE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Leslie M. Gettemuller - 2002 E. 30th

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL EMBOLUS-

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

MYOCARDIAL INFARCTION

DUE TO

(C)

ARTEROSCLEROTIC HT. DIS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14¹⁹⁵² to 4-15¹⁹⁵², that I last saw the
deceased alive on 4-15¹⁹⁵², and that death occurred at 9^{PM}, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR.

ADDRESS

Tuntington Williams, M.D.

J. M. Jickener & Sons

00081

Balto. Md.

APR 17 1952

MEDICAL CERTIFICATION

1000

THE STATE OF NEW YORK
IN SENATE
January 10, 1900

1000

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1900

ALBANY:
J. B. LIPPINCOTT & CO., PRINTERS,
1899

52 3693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3693

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILIP RUDOLPH PHILLIPS			2. DATE OF DEATH 4/15/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 20-06		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 29		
D. STREET ADDRESS (If rural, give location) 209 S HILTON ST.			E. LENGTH OF STAY IN BALTIMORE Yrs. 0 Mos. 0 Days 0		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH Sept 1, 1887	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK			10B. KIND OF BUSINESS OR INDUSTRY Balmar Corp.		
11. BIRTHPLACE (State or foreign country) BALTIMORE MD			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME James PHILLIPS			14. MOTHER'S MAIDEN NAME Annie Youngheen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -NO			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS KATHERINE VAN KILL			ADDRESS SAME		

CAUSE OF DEATH

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) VENTRICULAR TACHYCARDIA	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ACUTE MYOCARDIAL INFARCTION	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4/18/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 15, 1952 to April 15, 1952 , that I last saw the deceased alive on April 15, 1952 , and that death occurred at 9:35 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE George S. Watson		23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED April 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/18/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD	
24G. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams, MD		24I. FUNERAL DIRECTOR Wm. J. Vickers & Sons	
24J. ADDRESS Balto., Md.		24K. ADDRESS Balto., Md.		24L. ADDRESS Balto., Md.	

3423L

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE

1880

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

LAND OFFICE

634
52 3694BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3694
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LESLIE EARLE HARTLOVE			2. DATE OF DEATH April 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL U.S. Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2119 Kirk Avenue		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/23/92	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer			10B. KIND OF BUSINESS OR INDUSTRY Robert Szech Construction Co.		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME George Hartlove		
14. MOTHER'S MAIDEN NAME Elizabeth Eberle			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes WW I - USA		
16. SOCIAL SECURITY NO. 213-10-2458			17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis with occlusions, multiple DUE TO (A) (B) (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4/15/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Apr. 15, 1952 to Apr. 15, 1952 that I last saw the deceased alive on Apr. 15, 1952 and that death occurred at 8:10P m. , from the causes and on the date stated above.				
23A. SIGNATURE Wm. R. Harrison		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr 17/52	24C. NAME OF CEMETERY OR CREMATORY Balto Nat Cem	24D. LOCATION (City, town or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Philip's Funeral Home		ADDRESS 2824 Ashland St	

1800

1800

1800

1800

1

Handwritten text at the bottom of the page, possibly a signature or date.

355
52 3695BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3695

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs OLLIE R. LUTMAN

2. DATE
OF
DEATH

4/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

MD

BALTIMORE

13-08

D. STREET ADDRESS (If rural, give location)

3426 ASH ST.

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TWISTER

10B. KIND OF BUSINESS OR INDUSTRY

TEXTILE

13. FATHER'S NAME

JOHN TOLNERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-03-0326

17. INFORMANT

HUSBAND

ADDRESS

SAME

CAUSE OF DEATH

18. 420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-13, 1952, to 4-15, 1952, that I last saw the deceased alive on 4-15, 1952, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Hedra S. Nelson

M. O.

23B. ADDRESS

Union Memorial Hosp. Baltimore 18, Maryland

23C. DATE SIGNED

April 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park.

24D. LOCATION (City, town, or county) (State)

Dickensville Ind.

DATE RECEIVED BY LOCAL REGISTRAR

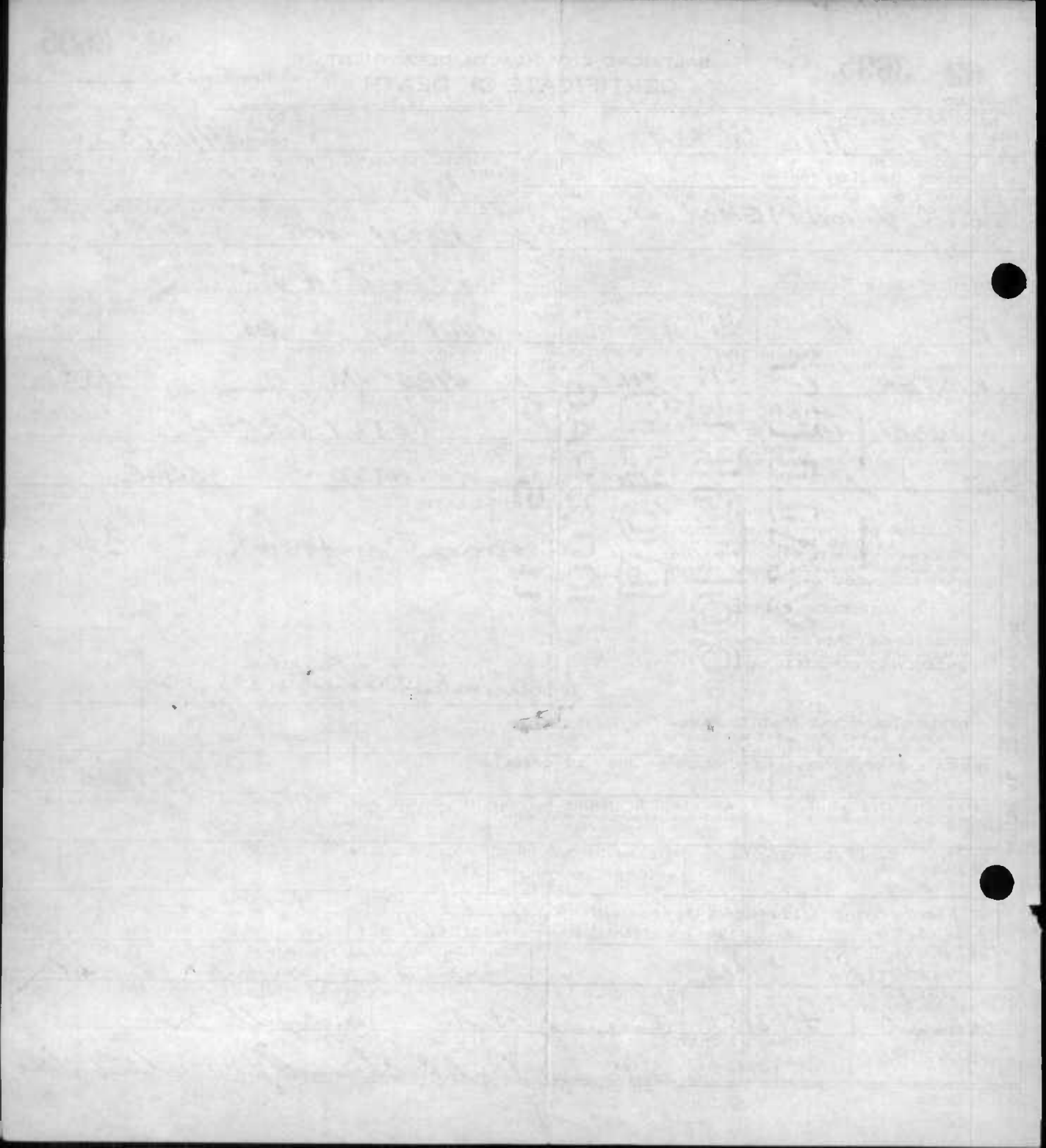
REGISTRAR'S SIGNATURE

Hedra S. Nelson

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck 3615-17 Chestnut Ave.



3 13-625
52 3696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3696
Registered No.

1. NAME OF DECEASED (Type or Print) BERGEN Sophie L.		2. DATE OF DEATH 4-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md B. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION Franklin Square Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. LENGTH OF STAY IN BALTIMORE Life		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04	
7. D. STREET ADDRESS (If rural, give location) German Aged Home, Athol ave		8. DATE OF BIRTH Oct. 26, 1870	
9. SEX F	10. COLOR OR RACE W	11. AGE (In years last birthday) 81	12. Under 1 Year Months: Days
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		13. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Fred Fisher		14. MOTHER'S MAIDEN NAME Coleman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Sr. Fredericka, 22 S. Athol Ave.		ADDRESS	

18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary occlusion DUE TO	
ANTECEDENT CAUSES	(B) Gener. arteriosclerosis DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gastric ulcer		

19A. DATE OF OPERATION 4-8-52	19B. MAJOR FINDINGS OF OPERATION Gastric ulcer, operation: subtotal gastrectomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-25, 1952**, to **4-15, 1952**, that I last saw the deceased alive on **4-15, 1952** and that death occurred at **7:51 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Justin Bender M.D.	23B. ADDRESS Franklin Square Hosp.	23C. DATE SIGNED 4-15-52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 18/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry F. Witzke	ADDRESS 101 Edmondson Ave.

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

563

52 3697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3697

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MICHAEL CONRAD		2. DATE OF DEATH April 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 2919 E. Madison Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 5, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		10B. KIND OF BUSINESS OR INDUSTRY Gas & Elec. Co.	9. AGE (In years last birthday) 63
13. FATHER'S NAME Michael Conrad		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 218-18-9105		17. INFORMANT ADDRESS Mary E. Conrad, wife, above	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. [illegible]

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

April 15, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

Apr. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

3310 Taylor Ave., Balto. Md.DATE RECEIVED BY LOCAL REGISTRAR
APR 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.**2601-3-5 E. Madison St.**

1955

1955

1955

516
3698BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEONARDO MONFREDO			2. DATE OF DEATH April 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 42 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1752 Homestead Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1888		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Merchant			11. BIRTHPLACE (State or foreign country) Casamassima, Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Nicola Monfredo			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 219-18-1435		
			17. INFORMANT Nicola Monfredo		
			ADDRESS 3239 Shauguan Dr.		

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
(A) Myocardial infarct		
DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Love</i>	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED April 16, 1952
--	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 19 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd.
--	-----------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Frank D. H. Noel</i>	ADDRESS 322 S. High St.
--	---	---	-----------------------------------

3-28-58

UNITED STATES DEPARTMENT OF THE ARMY

FORM 1

REPORT OF ACTIVITY

REPORT OF ACTIVITY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3699**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA PORTER

2. DATE OF DEATH **Apr. 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

513 S. Potomac St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

513 S. Potomac St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 2, 1880

9. AGE (In years last birthday)

71

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wiggins Vehr

14. MOTHER'S MAIDEN NAME

Elsie(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT ADDRESS
Mr. Alexander Porter - 513 S. Potomac St.

18. **421.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Chronic Mitral Endocarditis Unknown**
DUE TO **Cardiac Decompensation 3 mos.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Dropy**
DUE TO **Cardiac Decompensation**
(C)

1 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 1951** to **4-15-1952**, that I last saw the deceased alive on **4-14-1952** and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE

T. B. Eubank

M. O.

23B. ADDRESS

7201 York Rd

23C. DATE SIGNED

4-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/18/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Fickner & Sons
Balto Md.

ADDRESS

1950

RECEIVED



260
52 3700BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3700

1. NAME OF DECEASED (Type or Print) <i>Catherine M. Fischer</i>			2. DATE OF DEATH <i>4/16/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4109 Townsend Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 25-01</i>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>4109 Townsend Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3/2/1879</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days 11 Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		
13. FATHER'S NAME <i>John Pollard</i>			14. MOTHER'S MAIDEN NAME <i>Mary Clare</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Horton Fischer Owings Mills Md.</i>			ADDRESS		
18. <i>350 X and E 902.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cordic-edema of lungs.</i>			CAUSE OF DEATH (A) DUE TO <i>Parkinson's fracture of hip.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>in her own home, 4109 Townsend ave</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>4.2.52 ?</i>		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW INJURY OCCURRED <i>fell off bed while being cleaned up</i>	
22. I hereby certify that I attended the deceased from <i>4.2.52</i> , to <i>4-16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-16</i> , 19 <i>52</i> , and that death occurred at <i>4.4</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eugene Blusgor</i>			23B. ADDRESS <i>3906 S Haver</i>		23C. DATE SIGNED <i>4-17-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/19/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Meadow Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Dorsey Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>679 Oak Inc. 1217 St. Paul St.</i>	

3700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3701

536
BIRTH NO. 3701

1. NAME OF DECEASED (Type or Print) <i>Blanche Snyder</i>		2. DATE OF DEATH <i>4-15-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>6300</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Old Court Rd. - Rural</i>	
SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>May 15, 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse Keeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>59</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>(Unknown) Shaver</i>		14. MOTHER'S MAIDEN NAME <i>Belle (Unknown)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Adelle Callings</i>		ADDRESS <i>Route 14 Box 487</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Embolism</i> DUE TO (B) <i>Myocardial Failure & Fibrillation</i> DUE TO (C) <i>Hypertensive Arteriosclerotic CVD</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Colloid Adenomata</i>	
19A. DATE OF OPERATION <i>4-10-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>none (Exploratory Laparotomy)</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-14</i> , 19 <i>52</i> , to <i>4-15</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-15</i> , 19 <i>52</i> , and that death occurred at <i>6:50</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Joseph Beckelbaum</i>		23B. ADDRESS <i>Sinai Hosp.</i>	
23C. DATE SIGNED <i>4-16-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/18/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Middletown M.E.</i>		24D. LOCATION (City, town, or county) (State) <i>Middletown Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	
25. FUNERAL DIRECTOR <i>Wm Cook Inc</i>		ADDRESS <i>1217 St. Paul St.</i>	

MEDICAL CERTIFICATION

1950

5

RECEIVED

10

11

12

13

14

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3702
Registered No.

455
52 3702
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katherine Ballman			2. DATE OF DEATH April 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hood Nursing Home 5313 Edmondson Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 333 Yale Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 22, 1861	9. AGE (In years last birthday) 90	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ? Werline			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Bertha S. Fitzgerald, Joppa, Maryland		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Coronary Artery Disease</i> DUE TO (B) <i>Atherosclerosis</i> DUE TO (C) <i>Senility</i>	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948 to 4/16, 1952, that I last saw the deceased alive on 4/15, 1952, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE *M. H. Lawther* M. D. 23B. ADDRESS *4209 Hood Ave* 23C. DATE SIGNED *4/16/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/19/52	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>	ADDRESS 1217 St. Paul Street

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3703**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VINCENT S. PORTER		2. DATE OF DEATH April 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pottsville	
D. STREET ADDRESS (If rural, give location) 648 N. 2nd Street		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
6. SEX male	7. COLOR OR RACE white	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. DATE OF BIRTH 9/5/1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel	11. AGE (in years last birthday) 29
12. CITIZEN OF WHAT COUNTRY?		13. BIRTHPLACE (State or foreign country) Maria, Pa.	
14. FATHER'S NAME Thomas Porter		15. MOTHER'S MAIDEN NAME Ester Flaherty	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		17. SOCIAL SECURITY NO. World War #2	
18. INFORMANT Joseph Porter, Palato, Pa.		ADDRESS	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Craniocerebral injury ----- DUE TO ----- ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple lacerations, abrasions, contusions and fractures (B) ----- (C) ----- II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) New North Point Rd., Rt. 151, 1500' south of Norris Avenue		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 16, 1952 9:45 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by an auto 5300		
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley K. Demlacher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 4/18/52	24C. NAME OF CEMETERY OR CREMATORY St. Clair	24D. LOCATION (City, town, or county) (State) St. Clair, Pennsylvania	
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street		

V S 151

N 803.2

530 3A

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3704
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MATTIE Lee FULLER			2. DATE OF DEATH April 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 319 N. Fulton Avenue			Length of stay in Baltimore Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 15, 1893	9. AGE (In years last birthday) 58	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Lawrence S. C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Warren			14. MOTHER'S MAIDEN NAME FANNIE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Edward Fuller ADDRESS 319 N. Fulton Ave		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) XXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Diabetes		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. ...</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED April 16, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 18, 1952	24C. NAME OF CEMETERY OR CREMATORY Arkus Memorial
24D. LOCATION (City, town, or county) (State) Arkus Md	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	ADDRESS 322 N Schroeder St
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		

1934

STATE OF NEW YORK
IN SENATE
January 10, 1934

1934

REPORT OF THE
COMMISSIONER OF THE
DEPARTMENT OF SOCIAL SERVICES
FOR THE YEAR 1933

ALBANY: J. B. LIPPINCOTT COMPANY, 1934.

PRINTED BY THE STATE OF NEW YORK, 1934.

512
3705BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3705
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JAMES H. THOMPSON		2. DATE OF DEATH April 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6509 Sefton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6509 Sefton Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 13, 1905	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days 10 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OWNER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME RICHARD THOMPSON			
14. MOTHER'S MAIDEN NAME MARY A DOLAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs J H Thompson			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-19-52		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem.	
24D. LOCATION (City, town, or county) Taylor Ave		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR 2906 M		24H. ADDRESS 6009 Harbor Rd		24I. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952	

20K8 52

CONFIDENTIAL - SECURITY INFORMATION
PLANS TO DISCLOSE

20K8

624
3706BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3706

1. NAME OF DECEASED (Type or Print) <i>Anna Maybelle Marshall</i>		2. DATE OF DEATH <i>April 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Stal 7</i>		4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1931 EUTAW PL.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sep. 27, 1914</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>37</i>
11. BIRTHPLACE (State or foreign country) <i>after South. Car</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Sidney Ford</i>		14. MOTHER'S MAIDEN NAME <i>Hella W. W. W.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Generalized Peritonitis</i> (B) <i>Cholecholelithiasis</i> (C) <i>Obstruction due to carcinoma of pancreas</i>	CAUSE OF DEATH <i>Generalized Peritonitis</i> <i>Cholecholelithiasis</i> <i>Obstruction due to carcinoma of pancreas</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4/3/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Pancreas</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-1*, 19*52*, to *4-17*, 19*52*, that I last saw the deceased alive on *4-17*, 19*52*, and that death occurred at *1:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Emil Blair</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4/17/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 19</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Blue Haven</i>
24D. LOCATION (City, town, or county) (State) <i>Blue Haven Md.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams</i>	ADDRESS <i>1400 E. Lexington St. Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 17 1952</i>	VS 150	

OR-5500

1931 / Autumn

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3707

1. NAME OF DECEASED (Type or Print) <u>Gummer, Josephine Katherine</u>		2. DATE OF DEATH <u>April 14, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residencee before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore #21</u>	
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>710 S. Conkling Street</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1-15-83</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (In years last birthday) <u>68 69</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Alphonse Pfisterer</u>		14. MOTHER'S MAIDEN NAME <u>Mary Gutman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <u>Alphonse Summer- same address</u>	

18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial degeneration</u> (A) <u>Myocardial degeneration</u> Other ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Coronary insufficiency</u> DUE TO <u>Infarction</u> (C) <u>3 weeks</u>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 18, 1952, to April 14, 1952 that I last saw the deceased alive on April 10, 1952, and that death occurred at 2:10 pm., from the causes and on the date stated above.

23A. SIGNATURE <u>Edward A. Huntington Jr.</u> M. D.	23B. ADDRESS <u>1100 N. Caroline Street</u>	23C. DATE SIGNED <u>April 14, 1952</u>
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4-18-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>
--	-----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <u>APR 17 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Lilly & Zeiler, Inc.</u>	ADDRESS <u>403 S. Wolfe Str.</u>
--	---	---	-------------------------------------

Page 5

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1911

TO THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.

FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT
SALT LAKE CITY, UTAH

SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or report detailing land management activities, possibly related to the 'WATKINS' and 'BROWN' names visible in the center of the page.]

WATKINS
BROWN

[Illegible text continues]

240
2 3708BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3708

1. NAME OF DECEASED (Type or Print) JOSEPH C. NOSAL		2. DATE OF DEATH APRIL 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 14-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MD.		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) BALTIMORE City	
6. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 1526 Mount Royal Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JAN. 29, 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Real Estate	9. AGE (In years last birthday) 64
13. FATHER'S NAME Walerity Nosal		11. BIRTHPLACE (State or foreign country) Austria	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 24-01-3466		14. MOTHER'S MAIDEN NAME Zofia Kurek	
17. INFORMANT Helen E. Kuzniarski		ADDRESS 2510 Strathmore Ave	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction, acute		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 11, 1952 to April 16, 1952 that I last saw the deceased alive on April 16, 1952 and that death occurred at 12:55 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE William S. Daly		23B. ADDRESS Lutheran Hospital of Md.	
23C. DATE SIGNED April 16, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 18, 1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town, or county) (State) Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		REGISTRAR'S SIGNATURE William S. Daly	
25. FUNERAL DIRECTOR John S. Fialkowski		ADDRESS 2007 Eastern Ave	

12

18

426
3709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3709

BIRTH NO.			1. NAME OF DECEASED (Type or Print) DONALD ALKIRE			2. DATE OF DEATH Apr 16, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE West Virginia B. COUNTY V-45						
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ Hosp			C. CITY OR TOWN Piedmont						
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5 E. Harrison St.						
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH June 18, 1936		9. AGE (In years last birthday) 15		If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student H.S.			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edgar R. Alkire			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Hospital Records University Hosp
18. 393.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain abscess DUE TO (A) Brain abscess ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Mastoiditis, left DUE TO (B) Mastoiditis, left (C) 2 months			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION ✓			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 17, 1952 , to April 16, 1952 that I last saw the deceased alive on April 16, 1952 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.									
23A. SIGNATURE Robert A. Moore, Jr.			23B. ADDRESS University Hosp, Balto			23C. DATE SIGNED April 17, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE April 20, 52			24C. NAME OF CEMETERY OR CREMATORY Pilos Cem.			
24D. LOCATION (City, town, or county) (State) Westernport, Md.			25. FUNERAL DIRECTOR John A. Moran			ADDRESS 3000 E. Baltimore St			
DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.						

MEDICAL CERTIFICATION

532
52 3710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3710
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARIE CARRIE KOONTZ		2. DATE OF DEATH Apr. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 20-02			
B. FULL NAME OF HOSPITAL OR INSTITUTION Beech Hill Nursing Home 6028 Harford Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2535 Edmondson Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 15, 1882	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Wurzbacher		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. Welty D. Oden - 2535 Edmondson Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease. Cerebral vascular accident. Senility. (B) Parkinson's Disease. (C) Possible neoplasm.		INTERVAL BETWEEN ONSET AND DEATH months.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 24 Mar - , 1952, to 16 Apr , 1952, that I last saw the deceased alive on 16 Apr , 1952, and that death occurred at 7:15 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph E. Muse, Jr.		23B. ADDRESS 5 West 29th St		23C. DATE SIGNED 17 Apr 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/18/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		DATE RECEIVED BY LOCAL REGISTRAR APR 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Stm. J. Vickner & Sons		ADDRESS Balto 17 Md.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3711

BIRTH NO. 3711

52-08185

1. NAME OF DECEASED (Type or Print) <u>Willard Moyer</u>			2. DATE OF DEATH <u>April 14, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Harford</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Abingdon</u> (Abingdon)		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>6200</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr. 8, 1952</u>		9. AGE (In years last birthday) <u>6</u> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Frederick J. Moyer</u>			14. MOTHER'S MAIDEN NAME <u>Minnie L. Wilson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>768.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Septicemia</u> (A) _____ DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>new-born infant</u> (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4-14, 1952, to 4-14, 1952, that I last saw the deceased alive on 4-14, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Edmond W. Hopkins</u>	M. O. <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>4/15/52</u>
--	-------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24B. DATE <u>4/18/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	24D. LOCATION (City, town, or county) (State) <u>Joppa, Harford, Md.</u>
--	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <u>APR 17 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Howard K. McComas & Son</u> <u>Abingdon Md.</u>
--	---	---

340
52 3712

BALTIMORE CITY HEALTH DEPARTMENT

52 3712

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-08653		1. NAME OF DECEASED (Type or Print) <i>Mrs. IDA Steele</i>		2. DATE OF DEATH <i>4-17-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2025 W. Fayette St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>A.A.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secours Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Millersville, 5200</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>ELUPTON</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-15-52</i>	9. AGE (In years last birthday)	If Under 1 Year Months: Days <i>1 19</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Thomas Ellwood Steele</i>			14. MOTHER'S MAIDEN NAME <i>IDA MAYOLIA Wood</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> DUE TO (A) _____	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) _____		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *4-15-*, 19*52*, to *4-17*, 19*52*, that I last saw the deceased alive on *4-17*, 19*52*, and that death occurred at *5 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>2025 W. Fayette St.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>Apr. 18</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	24D. LOCATION (City, town, or county) <i>A.A. Co.</i>	(State) <i>MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>T. W. Singleton</i>		ADDRESS <i>[Signature]</i>	

542
52 3713BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3713
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARA

GUNNELLS

2. DATE
OF
DEATH

April 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1349 N. Stricker St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home Work

13. FATHER'S NAME

George Gunnell Banks.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1349 N. Stricker Street

8. DATE OF BIRTH

1859

9. AGE (In years
last birthday)

93

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Charlotte Vile, Va

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen Whitney

17. INFORMANT

ADDRESS

Ellen Hackney 1716 Mc. Kean Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....☐

April 16, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

Huntington Williams, M.D.

Metropolitan Funeral Home Inc.

VS 151

1949 Edmondson Ave.

100



620
52 3714BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3714

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA PRICE

2. DATE
OF
DEATH

April 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-03

D. STREET ADDRESS (If rural, give location)

616 N. Mount Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert Co., Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Wm Boots

14. MOTHER'S MAIDEN NAME

Sarah Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Wallace

712 W. Lexington

18. 157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) perforation of duodenum

DUE TO

(C) carcinoma of pancreas

INTERVAL BETWEEN
ONSET AND DEATHseveral
daysseveral
days

indefinite

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952, to April 16, 1952, that I last saw the
deceased alive on April 16, 1952, and that death occurred at 9:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Waugh

M. O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

April 17, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr. 21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

238 N. 9th St.

APR 18 1952

VS 150

212

52 3715

52 3715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP JACOBS

2. DATE
OF
DEATH

4/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

13. FATHER'S NAME

Samuel Jacobs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Maryland Baltimore
Baltimore 15-10
3819 Bannington Rd.

8. DATE OF BIRTH

L

9. AGE (in years
last birthday)

76

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Leah Riva

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 420.1 and 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

coronary sclerosis
Cardiac Insufficiency

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 wk

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Prostate 7 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ HOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 1952, to 4/16, 1952, that I last saw the
deceased alive on 4/16, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Philip Jacobs

M. O.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

4/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-20-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

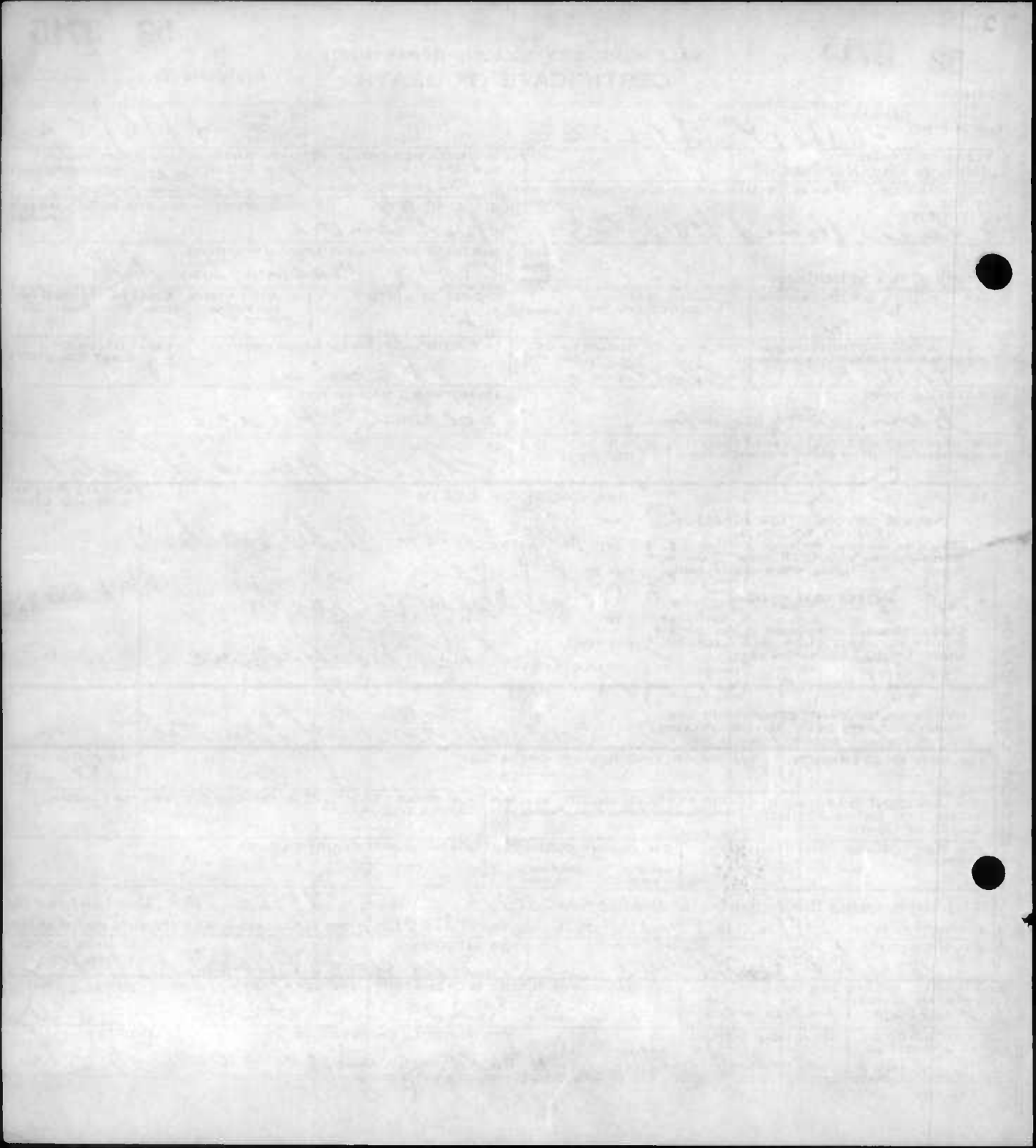
REGISTRAR'S SIGNATURE

APR 18 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Lee Lewis, Jr. 2100 Canton Rd



325

52 3716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3716

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA TEITCHMAN		2. DATE OF DEATH 4-16-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2002 West North Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04	
D. STREET ADDRESS (If rural, give location) 2002 W North Ave		E. LENGTH OF STAY IN BALTIMORE 32 Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 69
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gardellia		14. MOTHER'S MAIDEN NAME Dryana	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Heather Deitchman		ADDRESS 1700 Rosedale	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-20-52		19B. MAJOR FINDINGS OF OPERATION Rosedale		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 1844 W North Ave		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-17-52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 19, 1951 to Jan 8, 1952 that I last saw the deceased alive on Jan 8, 1952 and that death occurred at 7 A m., from the causes and on the date stated above.					
23A. SIGNATURE Louis T. Kevy		23B. ADDRESS 1844 W North Ave		23C. DATE SIGNED 4-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-20-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto, Md		24E. NAME OF CEMETERY OR CREMATORY Rosedale		24F. LOCATION (City, town, or county) Balto, Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Revisone	
VS 150		ADDRESS 2100 Caton Pl			

MEDICAL CERTIFICATION

Lavy
1844 W North

630

52 3717

BELLA - BARD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3717

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bella Bard

2. DATE
OF
DEATH

4-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

15-12

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2528 Keywath Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar. 21, 1908

9. AGE (in years last birthday)

44

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ladies Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U. S. 9

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-09-2607

17. INFORMANT

Meyer Gelberg

ADDRESS

same

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-1951 to 4-16-1951 that I last saw the deceased alive on 4-16-1951 and that death occurred at 8:40 A.M., from the causes and on the date stated above.

22A. SIGNATURE

M. D.

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

VS 150

690 46

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3718

BIRTH No.

52 3718

1. NAME OF DECEASED
(Type or Print)

VALENTINE

ALSTON

2. DATE
OF
DEATH

April 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF not in hospital or institution, give street address or locationJohns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore5-02

D. STREET ADDRESS (If rural, give location)

1107 Orleans StreetLength of stay in Baltimore 20 Yrs.Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.Male ColoredMarriedSept-16-191833

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Jamestown S.C.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Rhybigh Auston

14. MOTHER'S MAIDEN NAME

Virginia Austin15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)YesWar # 216. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jurline Austin 1022 Dow St18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Ruptured aneurysm of arch of aorta
with massive intrathoracic hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]23B. CHIEF MEDICAL EXAMINER..... ☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER..... ☒April 16, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial4-18-52Bell St. CemBaltimoreDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

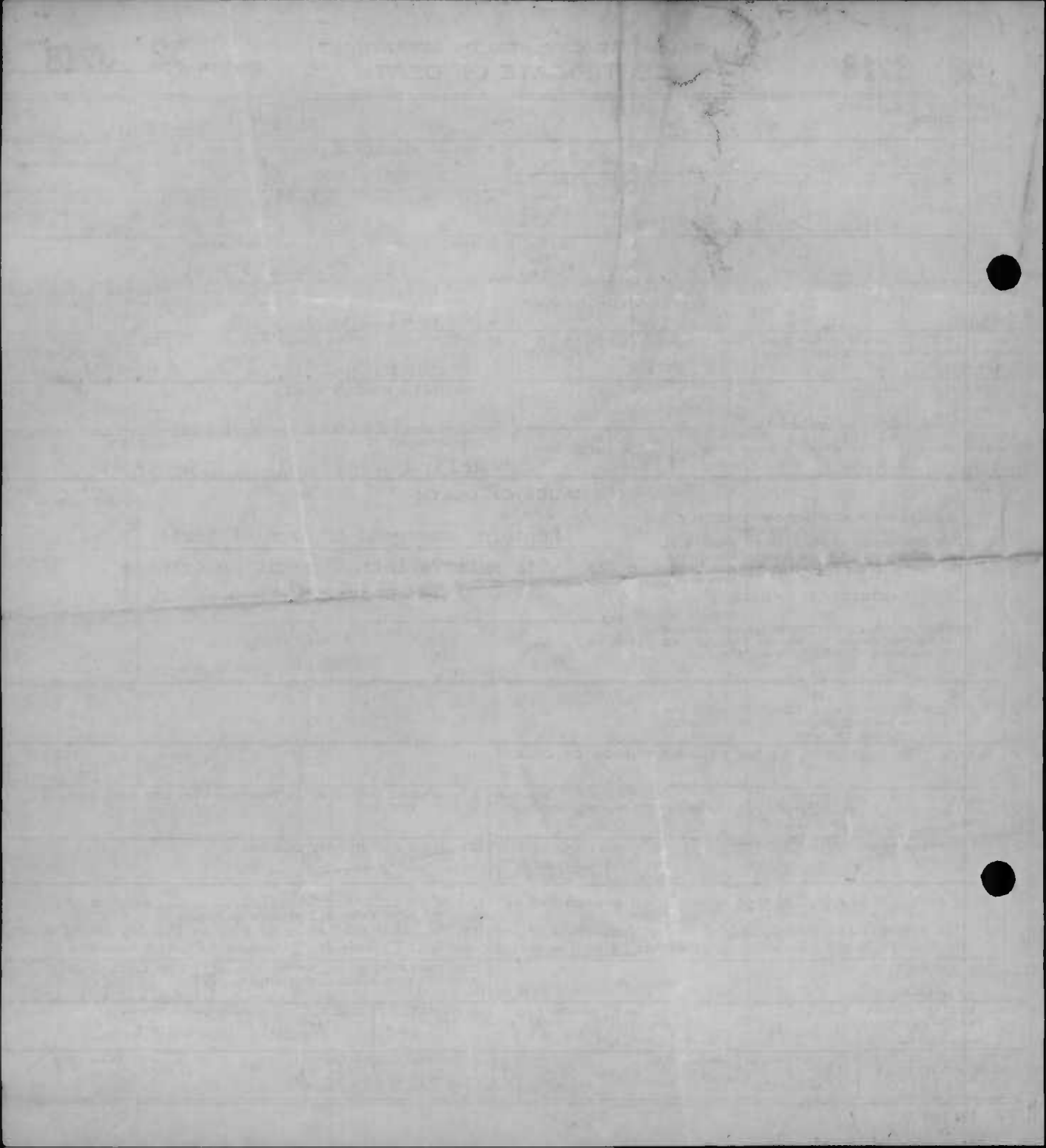
25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952Huntington Williams, M.D.Erroy Wilson1020 [Address]

VS 151

68284



143

67020

52 3719

52 3719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ZIPPORAH B DOEPLITZ

2. DATE
OF
DEATH

APRIL 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

3917 MAINE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

15-10

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MOUNT NURSING HOME

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3917 MAINE AVE

C. Length of stay in Baltimore

78 yrs

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. ~~Single~~ MARRIED. ~~Widowed~~ ~~Divorced~~ (Specify)

MARRIED

8. DATE OF BIRTH

Mar 14, 1873 78

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

6 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

JOSEPH BERGMANN

14. MOTHER'S MAIDEN NAME

SARAH HABLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

CLAIRE DHOFFMAN, 3917 MAINE AVE

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

2 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Dis.

3 yrs

(C) Arteriosclerosis

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1950, to April 15, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Cohen

M.D.

23B. ADDRESS

6702 Park Heights Ave 4/17/52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

BALTO HEBREW BELAIR RD

24D. LOCATION (City, town, or county) (State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

APR 18 1952

REGISTRAR'S SIGNATURE

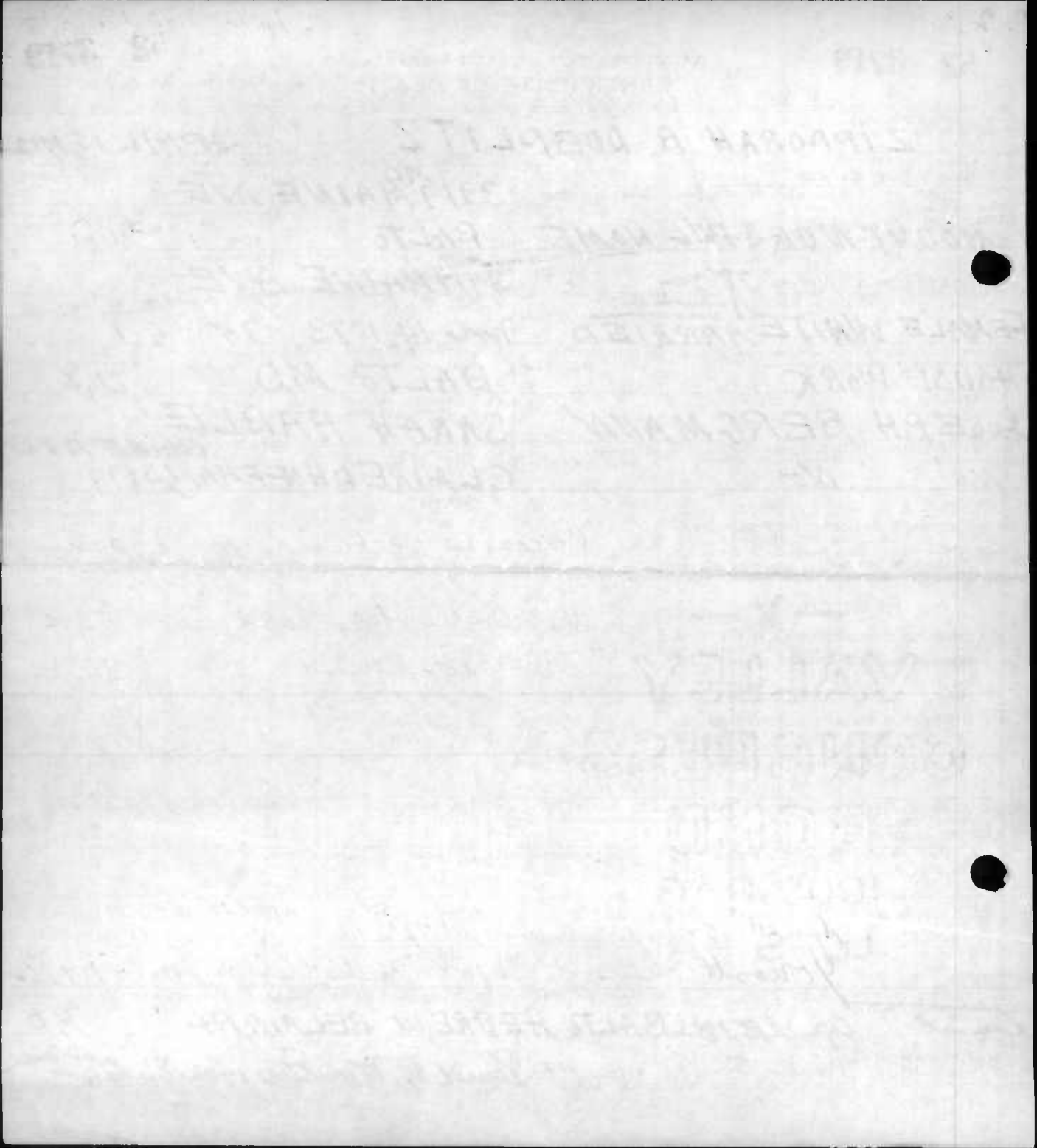
Huntington Williams, MD

25. FUNERAL DIRECTOR

Frank R Martin

ADDRESS

1902 Eutaw Place



52 3720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3720
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

McLaughlin, James Francis

2. DATE
OF
DEATH

April 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

13 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Gleem L. Martin

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. McLaughlin

14. MOTHER'S MAIDEN NAME

Ellen Callahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

041-01-7450

17. INFORMANT

Walter Hood

115 Lowell Ave.
Newtonville, Mass.

18. 161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Squamous cell carcinoma, larynx

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 3rd & 15th

19B. MAJOR FINDINGS OF OPERATION

Squamous cell carcinoma, larynx

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1952, to April 17, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

April 17, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 21, 52

24C. NAME OF CEMETERY OR CREMATORY

Calvary

24D. LOCATION (City, town, or county)

Newton, Mass.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank A. Seely 814 N. 36th St.

ADDRESS

APR 18 1952

VS 150

6903T

MEDICAL CERTIFICATION

420

52 3721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3721

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clara WALLACE

2. DATE
OF
DEATH

4.16.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Baltimore

B. COUNTY

9-05

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

3213 Pricely St # 18

D. STREET ADDRESS (If rural, give location)

FRIEDMAN ST

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

Nov 4, 1869

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours

82

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

13. FATHER'S NAME

THOMAS E. WADDY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

R. IRVING HALL 334 EQUITABLE BLDG.

18. 421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypostatic pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) H. C. V. D. & decompensation

DUE TO

mitral & aortic stenosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.10., 1952 to 4.16., 1952 that I last saw the deceased alive on 4.16., 1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

See-Jen Lee

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

4.16.52

24A. BURIAL, CREMATION,
TAN. REMOVAL (Specify)

24B. DATE

4-18-1952

24C. NAME OF CEMETERY OR CREMATORY

BALTO. CEM.

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 YORK RD.

APR 18 1952

VS 150

MEDICAL CERTIFICATION

1948

1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

April 1948

2-43
52 3722
CERTIFICATE CORRECTED 5-5-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 3722

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward F. Buchwald</i>			2. DATE OF DEATH <i>4-16-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Cal 6</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-34</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1039 Rodman Way</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 12, 1906</i>	9. AGE (In years last birthday) <i>46</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.T.C.</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Buchwald</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Graf</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>(If yes, give war or dates of service)</i>		16. SOCIAL SECURITY NO. <i>213-10-1059</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. *146x*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Metastatic Carcinoma*
DUE TO
(B) *Nasopharyngeal Carcinoma*
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4-16*, 19*52*, to *4-16*, 19*52*, that I last saw the deceased alive on *4-16*, 19*52* and that death occurred at *11:35* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Frederick W. Dick</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4-17-52</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4-21-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>L. J. Ruck 5305 Bayford Rd</i>

VS 150

625 57

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF OF BUREAU
WASHINGTON, D. C.

SEP 25 1913

TO THE CHIEF OF BUREAU
FROM THE CHIEF OF BUREAU

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

52 3723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3723
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Eleanora Ripperger

2. DATE

OF DEATH April 16, 1952

3. PLACE OF DEATH: 4000 Woodlea Ave.

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

4000 Woodlea Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

27-01

D. STREET ADDRESS (If rural, give location)

4000 Woodlea Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 26, 1862

9. AGE (in years last birthday)

89 yrs.

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Conrad Zittinger

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 2809

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

10 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to April 1952 that I last saw the deceased alive on April 10, 1952, and that death occurred at 8:21 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George H. Braville M.D.

23B. ADDRESS

101 W. Read St., Balto. 1, Md.

23C. DATE SIGNED

4/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

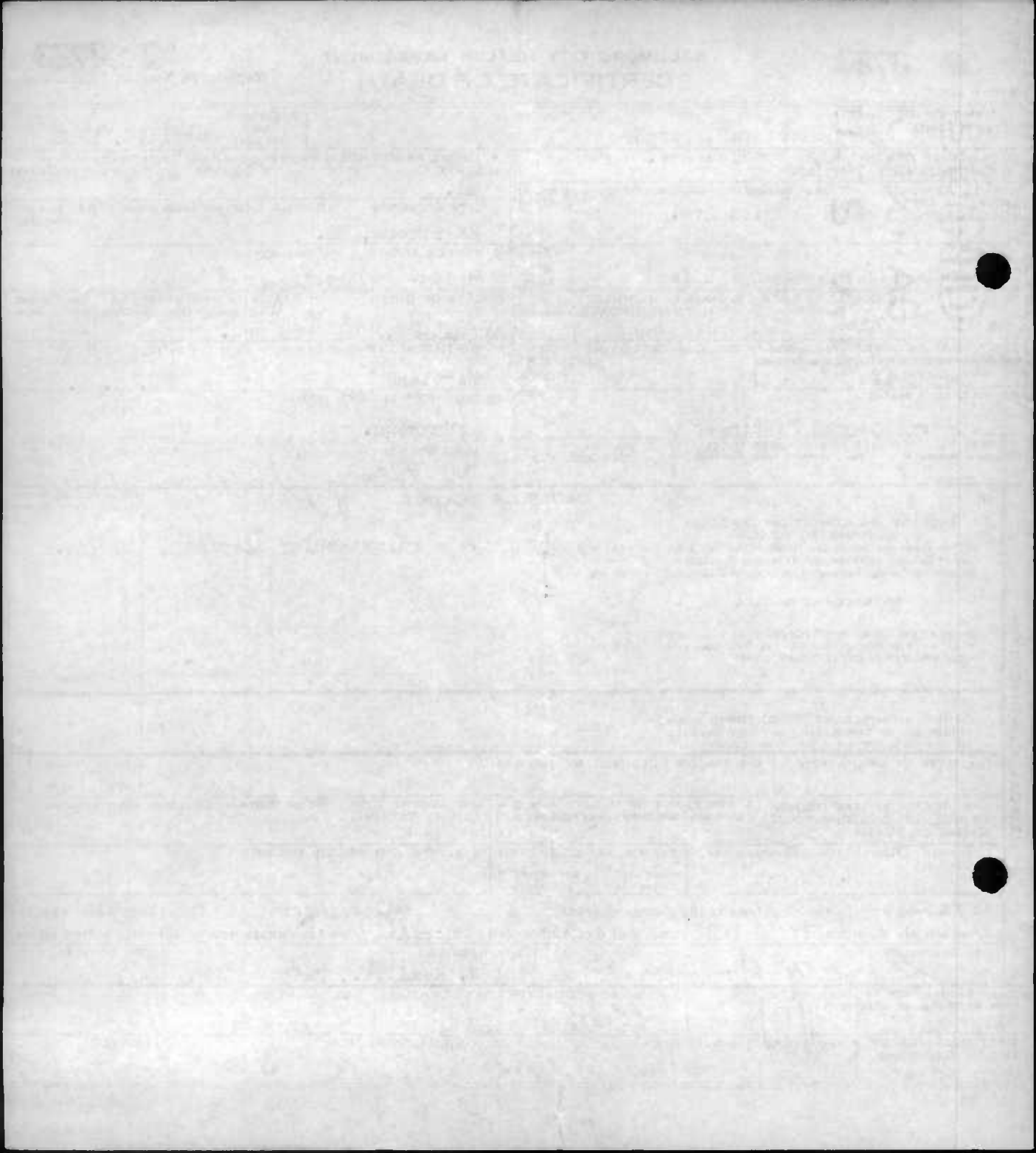
ADDRESS

APR 18 1952

Huntington Williams, M.D.

L. J. Ruck

5305 Hayford A



620

52 3724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN FREDERICK PRUSS

2. DATE
OF
DEATH

Apr. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1803 N. Milton Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1803 N. Milton Avenue

C. Length of stay in Baltimore 70 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1864

9. AGE (in years

last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

State of Md.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John P. Pruss

14. MOTHER'S MAIDEN NAME

Anna Carstensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT 1803 N. Milton Avenue
Mrs. Anna E. Pruss

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerosis, embolism, pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bronchitis

INTERVAL BETWEEN ONSET AND DEATH

undetermined

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 May 1949, to 17 April 1952, that I last saw the deceased alive on 17 April 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/19/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

VS 150

MEDICAL CERTIFICATION

1951

RECEIVED

1951



365
52 3725BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3725
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John William Sturm, Sr.			2. DATE OF DEATH April 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 223 E. Montgomery St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 223 E. Montgomery St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storekeeper		10B. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles E. Sturm			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 219-01-6135		
17. INFORMANT Mrs. Mary Sturm			ADDRESS Same		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X CAUSE OF DEATH Cancer of stomach DUE TO INTERVAL BETWEEN ONSET AND DEATH	19. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Anterior heart disease DUE TO			

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1952 to 4/17, 1952, that I last saw the deceased alive on 4/16/52, 19 and that death occurred at 1A. m., from the causes and on the date stated above.

23A. SIGNATURE H. P. Friedman	23B. ADDRESS 1319 Lister St.	23C. DATE SIGNED 4/18/52
----------------------------------	---------------------------------	-----------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/19/52	24C. NAME OF CEMETERY, OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR John E. Denny, Inc.	ADDRESS 715 Light St. Balto., 30, Md.

VS 150

2906A

MEDICAL CERTIFICATION

DECLARATION OF DEATH

STATE OF NEW YORK

County of _____

City of _____

I, _____

do hereby certify that _____

has died at _____

on the _____ day of _____

at the age of _____ years

and that the death was caused by _____

and that the death was not the result of _____

and that the death was not the result of _____

and that the death was not the result of _____

and that the death was not the result of _____

and that the death was not the result of _____

and that the death was not the result of _____

52 3726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3726

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Walter Brooks			2. DATE OF DEATH April 15, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1422 McCulloh St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 14-02		
C. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1422 McCulloh St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/18/1885		9. AGE (in years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Calvert Co. Md.
13. FATHER'S NAME John Brooks			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
14. MOTHER'S MAIDEN NAME Kate			17. INFORMANT ADDRESS Sylvarta Brooks 1422 McCulloh St.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-14-2636			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Accident DUE TO		INTERVAL BETWEEN ONSET AND DEATH March 11, 1952
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H.C.V.D DUE TO		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0 NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 9		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 11, 1952**, to **Apr. 15, 1952**, that I last saw the deceased alive on **Apr. 15, 1952**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Geo. G. Kelson** M. O. 23B. ADDRESS **844 N. Carey St. Balt. Md.** 23C. DATE SIGNED **4/17/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **4/18/52** 24C. NAME OF CEMETERY OR CREMATORY **Mt Auburn** 24D. LOCATION (City, town, or county) (State) **Balto. Md.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 18 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **Geo. G. Kelson 1303 Presstman St.**

VS 150

77074

Geo. G. Kelson

MEDICAL CERTIFICATION

1000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DATE OF DEATH: 10-14-1918

NAME OF DECEASED: [illegible]

AGE: [illegible]

SEX: [illegible]

DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]

CAUSE OF DEATH: [illegible]

PLACE OF DEATH: [illegible]

DATE OF INTERMENT: [illegible]

PLACE OF INTERMENT: [illegible]

NAME OF FUNERAL HOME: [illegible]

NAME OF MINISTER: [illegible]

NAME OF CHURCH: [illegible]

NAME OF CEMETERY: [illegible]

NAME OF BURIAL PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

NAME OF INTERMENT PLACE: [illegible]

Mr. H. H. H.

252

52 3727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3727

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Washington

2. DATE
OF
DEATH

April 16, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2007 Brunt St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 14-03

D. STREET ADDRESS (If rural, give location)
2007 Brunt St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

April 5, 1877 74

9. AGE (In years last birthday)

11 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Work DC.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Agnes Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lottie Washington 2007 Brunt St

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Brucella Pneumonia 21 days

ANTECEDENT CAUSES

Exposure & Brucella 60 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) (C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-52 to 4-16-52, that I last saw the deceased alive on 4-16-52 and that death occurred at 9:30 P.M.; from the causes and on the date stated above.

23A. SIGNATURE

Cas. R. Blake

23B. ADDRESS

1603 N. Caroline

23C. DATE SIGNED

4-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL

4-19-52

not auburn

md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

Huntington Williams

Geo. S. Nelson 1303 Preston St

R. Blake 1603 N. Carolina St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3728

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DORA AUGUSTA BROWN

2. DATE
OF
DEATH

Apr. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 201 Edgevale Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
201 Edgevale Rd.

c. Length of stay in Baltimore 67

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 12, 1869

9. AGE (In years last birthday)
82

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

August Depkin

14. MOTHER'S MAIDEN NAME

Pauline Lehnhart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Mrs. Wm. Weltner - 201 Edgevale Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
I
Hypertension Cardio Vascular Disease

DUE TO

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec, 1947, to Apr, 1952, that I last saw the deceased alive on 17 Apr, 1952, and that death occurred at 7:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4/19/52

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952
VS 150

Huntington Williams, M.D.

Wm. J. Zickner & Sons

Balto 17, Md.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERANS AFFAIRS
WASHINGTON, D. C. 20460



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH SERVICES

MEMORANDUM FOR THE ASSISTANT SECRETARY FOR HEALTH SERVICES
SUBJECT: [Illegible]
DATE: [Illegible]
FROM: [Illegible]

RE: [Illegible]
DATE: [Illegible]
FROM: [Illegible]

ADMINISTRATIVE SERVICES DIVISION

100-100000-1000

100-100000-1000

100-100000-1000

320
3729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3729
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALLACE LAWRENCE BATES		2. DATE OF DEATH 4/17/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1826 N. CHAPEL ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO			
c. Length of stay in Baltimore 38 Yrs.		D. STREET ADDRESS (If rural, give location) 1826 N. CHAPEL ST.			
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/22/1898	9. AGE (In years; last birth day) 53	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR		10B. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (State or foreign country) MONTREAL CANADA	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JOHN O. BATES		14. MOTHER'S MAIDEN NAME FLORENCE LAFONTAINE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) No		16. SOCIAL SECURITY NO. 218-07-4183		17. INFORMANT ADDRESS MRS. RUTH BATES SAME	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOGENIC CARCINOMA C METASTASIS. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARDIAC DECOMPENSATION.		CAUSE OF DEATH BRONCHOGENIC CARCINOMA C METASTASIS. CARDIAC DECOMPENSATION.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 1950 to APRIL 17, 1952 , that I last saw the deceased alive on APRIL 17 1952 and that death occurred at 4 40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry J. Houska		23B. ADDRESS 333 S. East Ave.		23C. DATE SIGNED 4/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/21/52		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND		25. FUNERAL DIRECTOR Wm. C. G. Coe, Inc.		ADDRESS 227 S. ST. PAUL ST.	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
APR 18 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Wm. C. G. Coe, Inc.

1952

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

10

Name of Person		Address		City		State		Occupation		Date	
John Doe		123 Main St		Springfield		Ill		Farmer		1/15/52	
Jane Smith		456 Oak Ave		Chicago		Ill		Teacher		2/1/52	
Robert Brown		789 Elm St		New York		N.Y.		Engineer		3/10/52	
Mary White		101 Pine St		Los Angeles		Calif		Nurse		4/5/52	
James Green		202 Cedar St		Houston		Tex		Mechanic		5/20/52	
Elizabeth Black		303 Birch St		Philadelphia		Pa		Homemaker		6/1/52	
William Gray		404 Spruce St		San Francisco		Calif		Salesman		7/15/52	
Margaret Hall		505 Willow St		Boston		Mass		Librarian		8/10/52	
Charles King		606 Ash St		Seattle		Wash		Electrician		9/5/52	
Dorothy Lee		707 Hickory St		Portland		Maine		Retailer		10/1/52	
Frank Miller		808 Maple St		Denver		Colo		Accountant		11/15/52	
Helen Wilson		909 Poplar St		San Diego		Calif		Artist		12/10/52	
George Taylor		1010 Walnut St		Columbus		Ohio		Student		1/5/53	
Betty Evans		1111 Chestnut St		St. Louis		Missouri		Writer		2/1/53	
Edward Scott		1212 Locust St		Kansas City		Mo		Clerk		3/10/53	
Frances Adams		1313 Sycamore St		Indianapolis		Ind		Homemaker		4/5/53	
Harold Baker		1414 Magnolia St		Nashville		Tenn		Musician		5/20/53	
Gladys Nelson		1515 Dogwood St		Memphis		Tenn		Retailer		6/1/53	
Roy Phillips		1616 Redwood St		San Jose		Calif		Engineer		7/15/53	
Lillian Campbell		1717 Cypress St		Fresno		Calif		Homemaker		8/10/53	
Arthur Parker		1818 Juniper St		Sacramento		Calif		Farmer		9/5/53	
Evelyn Roberts		1919 Fir St		Oakland		Calif		Teacher		10/1/53	
Walter Turner		2020 Palm St		Phoenix		Ariz		Salesman		11/15/53	
Mildred Young		2121 Cedar St		Salt Lake City		Utah		Homemaker		12/10/53	
Clarence King		2222 Birch St		Butte		Mont		Miner		1/5/54	
Dorothy Hall		2323 Spruce St		Bozeman		Mont		Student		2/1/54	
Franklin Green		2424 Willow St		Helena		Mont		Engineer		3/10/54	
Helen White		2525 Ash St		Billings		Mont		Homemaker		4/5/54	
George Black		2626 Hickory St		Great Falls		Mont		Farmer		5/20/54	
Betty Gray		2727 Maple St		Missoula		Mont		Retailer		6/1/54	
Edward Brown		2828 Poplar St		Butte		Mont		Engineer		7/15/54	
Frances King		2929 Sycamore St		Helena		Mont		Homemaker		8/10/54	
Harold Hall		3030 Dogwood St		Great Falls		Mont		Farmer		9/5/54	
Gladys Green		3131 Redwood St		Missoula		Mont		Retailer		10/1/54	
Roy White		3232 Cypress St		Butte		Mont		Engineer		11/15/54	
Lillian Black		3333 Juniper St		Helena		Mont		Homemaker		12/10/54	
Arthur Gray		3434 Fir St		Butte		Mont		Farmer		1/5/55	
Evelyn Brown		3535 Palm St		Missoula		Mont		Retailer		2/1/55	
Walter King		3636 Cedar St		Great Falls		Mont		Engineer		3/10/55	
Mildred Hall		3737 Birch St		Helena		Mont		Homemaker		4/5/55	
Franklin Green		3838 Spruce St		Butte		Mont		Farmer		5/20/55	
Helen White		3939 Willow St		Missoula		Mont		Retailer		6/1/55	
George Black		4040 Ash St		Great Falls		Mont		Engineer		7/15/55	
Betty Gray		4141 Poplar St		Helena		Mont		Homemaker		8/10/55	
Edward Brown		4242 Sycamore St		Butte		Mont		Farmer		9/5/55	
Frances King		4343 Dogwood St		Missoula		Mont		Retailer		10/1/55	
Harold Hall		4444 Redwood St		Great Falls		Mont		Engineer		11/15/55	
Gladys Green		4545 Juniper St		Helena		Mont		Homemaker		12/10/55	
Roy White		4646 Fir St		Butte		Mont		Farmer		1/5/56	
Lillian Black		4747 Palm St		Missoula		Mont		Retailer		2/1/56	
Arthur Gray		4848 Cedar St		Great Falls		Mont		Engineer		3/10/56	
Evelyn Brown		4949 Birch St		Helena		Mont		Homemaker		4/5/56	
Walter King		5050 Spruce St		Butte		Mont		Farmer		5/20/56	
Mildred Hall		5151 Willow St		Missoula		Mont		Retailer		6/1/56	
Franklin Green		5252 Ash St		Great Falls		Mont		Engineer		7/15/56	
Helen White		5353 Poplar St		Helena		Mont		Homemaker		8/10/56	
George Black		5454 Sycamore St		Butte		Mont		Farmer		9/5/56	
Betty Gray		5555 Dogwood St		Missoula		Mont		Retailer		10/1/56	
Edward Brown		5656 Redwood St		Great Falls		Mont		Engineer		11/15/56	
Frances King		5757 Juniper St		Helena		Mont		Homemaker		12/10/56	
Harold Hall		5858 Fir St		Butte		Mont		Farmer		1/5/57	
Gladys Green		5959 Palm St		Missoula		Mont		Retailer		2/1/57	
Roy White		6060 Cedar St		Great Falls		Mont		Engineer		3/10/57	
Lillian Black		6161 Birch St		Helena		Mont		Homemaker		4/5/57	
Arthur Gray		6262 Spruce St		Butte		Mont		Farmer		5/20/57	
Evelyn Brown		6363 Willow St		Missoula		Mont		Retailer		6/1/57	
Walter King		6464 Ash St		Great Falls		Mont		Engineer		7/15/57	
Mildred Hall		6565 Poplar St		Helena		Mont		Homemaker		8/10/57	
Franklin Green		6666 Sycamore St		Butte		Mont		Farmer		9/5/57	
Helen White		6767 Dogwood St		Missoula		Mont		Retailer		10/1/57	
George Black		6868 Redwood St		Great Falls		Mont		Engineer		11/15/57	
Betty Gray		6969 Juniper St		Helena		Mont		Homemaker		12/10/57	
Edward Brown		7070 Fir St		Butte		Mont		Farmer		1/5/58	
Frances King		7171 Palm St		Missoula		Mont		Retailer		2/1/58	

BALTIMORE CITY HEALTH DEPARTMENT

X
CERTIFICATE OF DEATH52 3730
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma D. Lout.

2. DATE
OF
DEATH

Apr 18 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Mercy Hospital
LifeYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5510 Wyndale Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John N. Marguett

14. MOTHER'S MAIDEN NAME

Augusta C. Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis C. Fort, 5510 Wyndale Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.153X
I
Carcinoma - Pariah obliq.
Probably in or about cecum
DUE TO

(B)

DUE TO

(C)

Plus Pneumonia
Generalized debilitation

6 days

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 9, 1952, to Apr 16, 1952, that I last saw the
deceased alive on Apr 17, 1952, and that death occurred at 5:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Frank G. Rasik, Jr.

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

4/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952
VS 150

Huntington Williams, M.D.

H. M. Cook, Inc., 1212 St. Paul St.

MEDICAL CERTIFICATION

See Document File 52-3730

5/1/52 ES

460

3731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3731

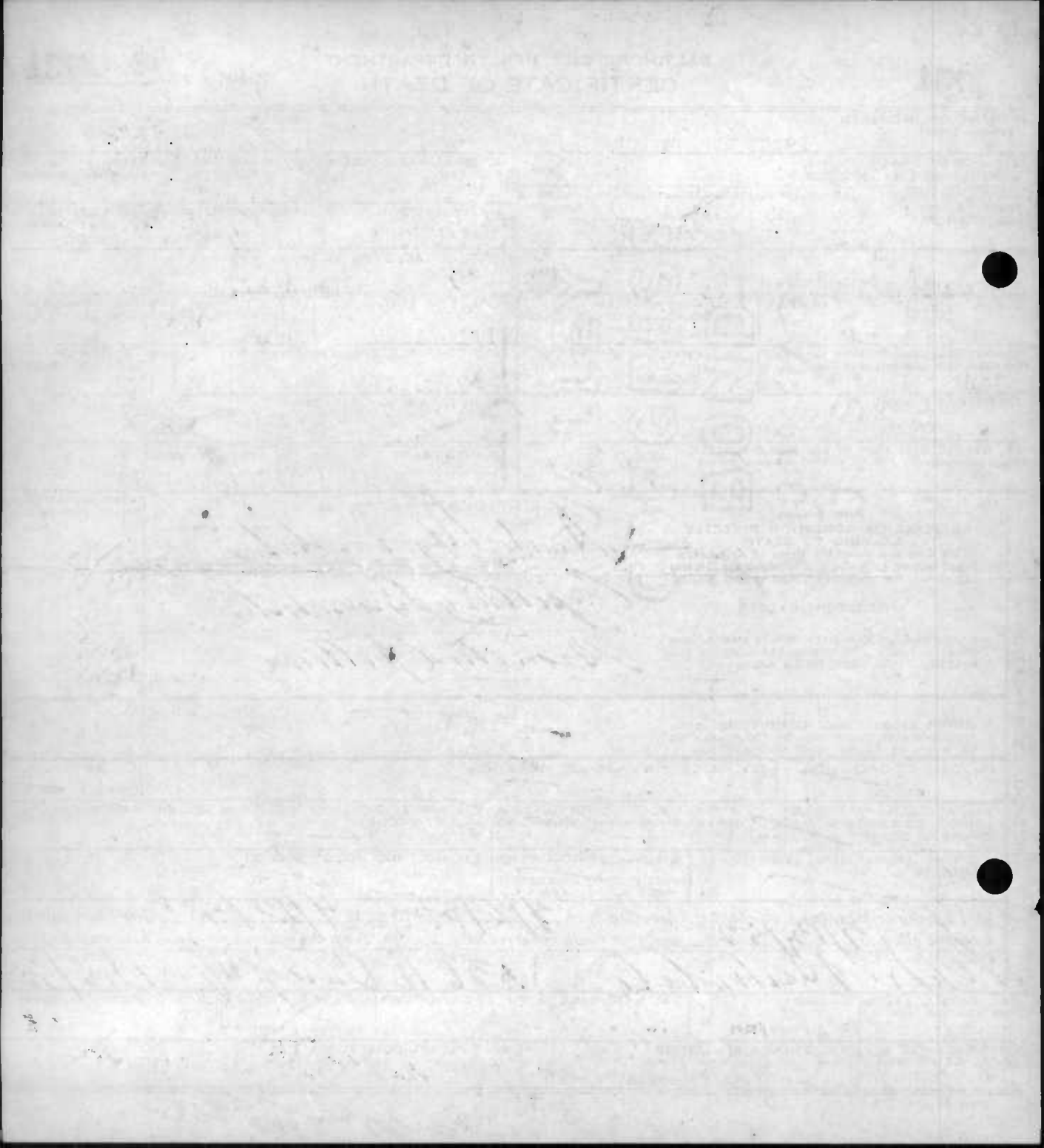
BIRTH NO.		1. NAME OF DECEASED (Type or Print) MATTIE BOWLER		2. DATE OF DEATH 4/15/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1105 N. GILMOR STREET		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 20yrs		D. STREET ADDRESS (If rural, give location) 1105 N. GILMOR ST.			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 1/15/1897	9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) VIRGINIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME RICHARD BROKENBORO			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS HARRY BOWLER (S) 324 CARROLLTON AV.			
18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute Myocarditis Capillary Bronchitis Mononuclear Cellulitis DUE TO (B) Mononuclear Cellulitis DUE TO (C) Mononuclear Cellulitis		INTERVAL BETWEEN ONSET AND DEATH 2 days			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/6/52 , to 4/12/52 , that I last saw the deceased alive on 4/12/52 , and that death occurred at 1.00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles G. Cooper		23B. ADDRESS 326 N. Carey St.		23C. DATE SIGNED 4/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/20/52		24C. NAME OF CEMETERY OR CREMATORY ANGEL VISIT CEM.	
24D. LOCATION (City, town, or county) DUNNVILLE, VA.		24E. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON		24F. ADDRESS 512 CARROLLTON	

MEDICAL CERTIFICATION

VS 150

720 FA

Charles G. Cooper



600
2 3732

MURRAY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 3732

1. NAME OF DECEASED (Type or Print) LOTTIE MURRAY			2. DATE OF DEATH 4/16/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 423 W Hamburg St			C. CITY OR TOWN (If outside corporate limits write CUBA and give township) Baltimore		
6. Length of stay in Baltimore 45			D. STREET ADDRESS (If rural, give location) 423 W Hamburg St		
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 1 1883	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Samuel J Cooper		14. MOTHER'S MAIDEN NAME Ethel Lottie Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS William Murray 423 W Hamburg	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Hypertension DUE TO negligence DUE TO	CAUSE OF DEATH Chronic Myocarditis Hypertension negligence	INTERVAL BETWEEN ONSET AND DEATH 3 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/10, 1951 to 4/16, 1952 , that I last saw the deceased alive on 4/15, 1952 , and that death occurred at 3:05 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Samuel J. Cooper		23B. ADDRESS 1225 S		23C. DATE SIGNED 4/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/20/52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	
24D. LOCATION (City, town, or county) (State) A A Co Md		25. FUNERAL DIRECTOR ADDRESS Isaac H. Brown Son 10860 Montgomery St			
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	

Mt Calvary

1000 West 10th St
Anchorage, Alaska
April 1954

200
52 3733
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3733

1. NAME OF DECEASED (Type or Print) <i>Adam Quick</i>		2. DATE OF DEATH <i>Apr. 17, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Cal 6</i>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-01</i>	
D. STREET ADDRESS (If rural, give location) <i>4809 E. Hamilton Ave.</i>		E. LENGTH OF STAY IN BALTIMORE <i>11 1/2</i> Yrs. Mos. Days	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 14, 1906</i>
9. AGE (In years last birthday) <i>45</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
11. BIRTHPLACE (State or foreign country) <i>Balto. Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Wm Quick</i>		14. MOTHER'S MAIDEN NAME <i>Eliz. Stenglein</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> CAUSE OF DEATH (A) DUE TO <i>Anteroseptal Myocardial Infarction</i> (B) DUE TO <i>Diabetes Mellitus</i> (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>5 min</i>			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>4-17-52</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-16</i> , 1952, to <i>4-17</i> , 1952 that I last saw the deceased alive on <i>4-17</i> , 1952, and that death occurred at <i>5:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Fredrick W. Slid</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>4-17-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/19/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Jerusalem Luth.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. City Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>	
VS 150		ADDRESS <i>1401 Belair Rd</i>	

MEDICAL CERTIFICATION

97099

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. SIGNATURE OF REGISTRAR	
9. SIGNATURE OF DECEASED		10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CORONER	
13. SIGNATURE OF MINISTER OF THE GOSPEL		14. SIGNATURE OF CHURCH CLERK		15. SIGNATURE OF JURY		16. SIGNATURE OF JUDGE	
17. SIGNATURE OF SHERIFF		18. SIGNATURE OF CLERK		19. SIGNATURE OF DEPUTY CLERK		20. SIGNATURE OF ASSISTANT CLERK	
21. SIGNATURE OF ASSISTANT DEPUTY CLERK		22. SIGNATURE OF ASSISTANT DEPUTY CLERK		23. SIGNATURE OF ASSISTANT DEPUTY CLERK		24. SIGNATURE OF ASSISTANT DEPUTY CLERK	
25. SIGNATURE OF ASSISTANT DEPUTY CLERK		26. SIGNATURE OF ASSISTANT DEPUTY CLERK		27. SIGNATURE OF ASSISTANT DEPUTY CLERK		28. SIGNATURE OF ASSISTANT DEPUTY CLERK	
29. SIGNATURE OF ASSISTANT DEPUTY CLERK		30. SIGNATURE OF ASSISTANT DEPUTY CLERK		31. SIGNATURE OF ASSISTANT DEPUTY CLERK		32. SIGNATURE OF ASSISTANT DEPUTY CLERK	
33. SIGNATURE OF ASSISTANT DEPUTY CLERK		34. SIGNATURE OF ASSISTANT DEPUTY CLERK		35. SIGNATURE OF ASSISTANT DEPUTY CLERK		36. SIGNATURE OF ASSISTANT DEPUTY CLERK	
37. SIGNATURE OF ASSISTANT DEPUTY CLERK		38. SIGNATURE OF ASSISTANT DEPUTY CLERK		39. SIGNATURE OF ASSISTANT DEPUTY CLERK		40. SIGNATURE OF ASSISTANT DEPUTY CLERK	
41. SIGNATURE OF ASSISTANT DEPUTY CLERK		42. SIGNATURE OF ASSISTANT DEPUTY CLERK		43. SIGNATURE OF ASSISTANT DEPUTY CLERK		44. SIGNATURE OF ASSISTANT DEPUTY CLERK	
45. SIGNATURE OF ASSISTANT DEPUTY CLERK		46. SIGNATURE OF ASSISTANT DEPUTY CLERK		47. SIGNATURE OF ASSISTANT DEPUTY CLERK		48. SIGNATURE OF ASSISTANT DEPUTY CLERK	
49. SIGNATURE OF ASSISTANT DEPUTY CLERK		50. SIGNATURE OF ASSISTANT DEPUTY CLERK		51. SIGNATURE OF ASSISTANT DEPUTY CLERK		52. SIGNATURE OF ASSISTANT DEPUTY CLERK	
53. SIGNATURE OF ASSISTANT DEPUTY CLERK		54. SIGNATURE OF ASSISTANT DEPUTY CLERK		55. SIGNATURE OF ASSISTANT DEPUTY CLERK		56. SIGNATURE OF ASSISTANT DEPUTY CLERK	
57. SIGNATURE OF ASSISTANT DEPUTY CLERK		58. SIGNATURE OF ASSISTANT DEPUTY CLERK		59. SIGNATURE OF ASSISTANT DEPUTY CLERK		60. SIGNATURE OF ASSISTANT DEPUTY CLERK	
61. SIGNATURE OF ASSISTANT DEPUTY CLERK		62. SIGNATURE OF ASSISTANT DEPUTY CLERK		63. SIGNATURE OF ASSISTANT DEPUTY CLERK		64. SIGNATURE OF ASSISTANT DEPUTY CLERK	
65. SIGNATURE OF ASSISTANT DEPUTY CLERK		66. SIGNATURE OF ASSISTANT DEPUTY CLERK		67. SIGNATURE OF ASSISTANT DEPUTY CLERK		68. SIGNATURE OF ASSISTANT DEPUTY CLERK	
69. SIGNATURE OF ASSISTANT DEPUTY CLERK		70. SIGNATURE OF ASSISTANT DEPUTY CLERK		71. SIGNATURE OF ASSISTANT DEPUTY CLERK		72. SIGNATURE OF ASSISTANT DEPUTY CLERK	
73. SIGNATURE OF ASSISTANT DEPUTY CLERK		74. SIGNATURE OF ASSISTANT DEPUTY CLERK		75. SIGNATURE OF ASSISTANT DEPUTY CLERK		76. SIGNATURE OF ASSISTANT DEPUTY CLERK	
77. SIGNATURE OF ASSISTANT DEPUTY CLERK		78. SIGNATURE OF ASSISTANT DEPUTY CLERK		79. SIGNATURE OF ASSISTANT DEPUTY CLERK		80. SIGNATURE OF ASSISTANT DEPUTY CLERK	
81. SIGNATURE OF ASSISTANT DEPUTY CLERK		82. SIGNATURE OF ASSISTANT DEPUTY CLERK		83. SIGNATURE OF ASSISTANT DEPUTY CLERK		84. SIGNATURE OF ASSISTANT DEPUTY CLERK	
85. SIGNATURE OF ASSISTANT DEPUTY CLERK		86. SIGNATURE OF ASSISTANT DEPUTY CLERK		87. SIGNATURE OF ASSISTANT DEPUTY CLERK		88. SIGNATURE OF ASSISTANT DEPUTY CLERK	
89. SIGNATURE OF ASSISTANT DEPUTY CLERK		90. SIGNATURE OF ASSISTANT DEPUTY CLERK		91. SIGNATURE OF ASSISTANT DEPUTY CLERK		92. SIGNATURE OF ASSISTANT DEPUTY CLERK	
93. SIGNATURE OF ASSISTANT DEPUTY CLERK		94. SIGNATURE OF ASSISTANT DEPUTY CLERK		95. SIGNATURE OF ASSISTANT DEPUTY CLERK		96. SIGNATURE OF ASSISTANT DEPUTY CLERK	
97. SIGNATURE OF ASSISTANT DEPUTY CLERK		98. SIGNATURE OF ASSISTANT DEPUTY CLERK		99. SIGNATURE OF ASSISTANT DEPUTY CLERK		100. SIGNATURE OF ASSISTANT DEPUTY CLERK	

262
52 3734

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 3734

1. NAME OF DECEASED (Type or Print) Walter J. Magers		2. DATE OF DEATH 4/16/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 27-05	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3813 Walnut Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overlea	
D. STREET ADDRESS (If rural, give location) 3813 Walnut Ave		E. LENGTH OF STAY IN BALTIMORE 1 yr.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/23/78
9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months: Days	11. UNDER 24 HOURS Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Magers		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-03-5747	
17. INFORMANT Frank Magers		ADDRESS 3813 Walnut Ave	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute gastric Hemorrhage 1 day		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Barcinoma of stomach 3 mos with metastases to liver			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 5, 1952 to April 15, 1952 , that I last saw the deceased alive on April 15, 1952 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE Edith H. H. H.		23B. ADDRESS 1601 Duval, Cal.	
23C. DATE SIGNED 4/16/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/19/52	
24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR 7401 Belair Rd.		ADDRESS 7401 Belair Rd.	

MEDICAL CERTIFICATION

490 6A

1945

1946

UNITED STATES GOVERNMENT

DEPARTMENT OF AGRICULTURE

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3735

420
2 3735

1. NAME OF DECEASED (Type or Print) <u>James Lyles</u>		2. DATE OF DEATH <u>April 14/1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>		4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE <u>md.</u> B. COUNTY <u>5-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>40 Yrs.</u>		D. STREET ADDRESS (If rural, give location) <u>1227 E. Lexington St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4 - 15 - 98</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>In General</u>	9. AGE (In years last birthday) <u>55</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Richmond Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James Henry Lyles</u>		14. MOTHER'S MAIDEN NAME <u>Anna Lyles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>JOHNS HOPKINS HOSPITAL</u>	
17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial infarction</u> DUE TO (A) <u>Arteriosclerosis</u> ANTECEDENT CAUSES (B) <u>Renal insufficiency</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <u>Renal insufficiency</u>	
19A. DATE OF OPERATION <u>2-19-1952</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-19, 1952</u> to <u>4-14, 1952</u> , that I last saw the deceased alive on <u>4-14, 1952</u> and that death occurred at <u>4:50 P.M.</u> , from the causes and on the date stated above.	
23A. SIGNATURE <u>Thomas Franklin Williams, D.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED <u>4-14-52</u>		24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>4/19/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Western Star Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Catonsville Md.</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>APR 18 1952</u>	
REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Elroy Wilson 1100 Bunting Ave</u>	

MEDICAL CERTIFICATION

97099

330
3736BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3736
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN Joseph BEAUDET

2. DATE
OF
DEATH April 18, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1509 N. Bethel Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 8 - 1891

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Local Union 101

13. FATHER'S NAME

CONST.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edith M. Beaudet, same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DECEASED

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

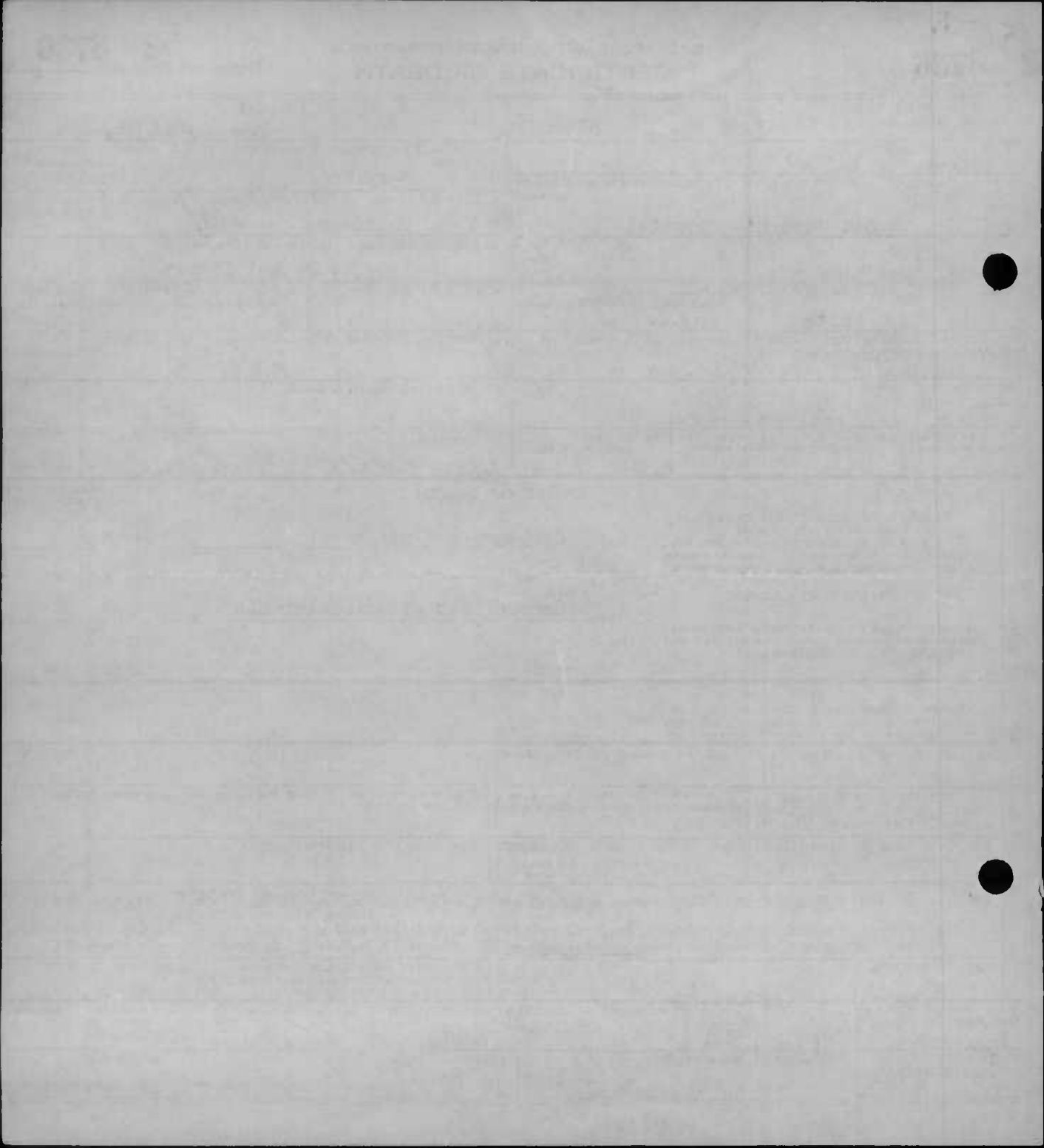
(State)

APR 18 1952

[Signature]

25. FUNERAL DIRECTOR

ADDRESS



300
52 3737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3737
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Shade, John Aurandt</u>		2. DATE OF DEATH <u>April 18, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore #11</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>27-05</u> D. STREET ADDRESS (If rural, give location) <u>3103 Louise Avenue</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		9. AGE (in years last birthday) <u>72</u>		10. DATE OF BIRTH <u>Aug. 30 - 1879</u>	
11. LENGTH OF stay in Baltimore <u>43 years</u>		12. CITIZEN OF WHAT COUNTRY?		13. BIRTHPLACE (State or foreign country) <u>St. Mary's County</u>	
14. FATHER'S NAME <u>James Shade</u>		15. MOTHER'S MAIDEN NAME <u>Massey Aurandt</u>		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. INFORMANT <u>Mrs. Frieda A. Shade, same</u>		19. ADDRESS	
20. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute Peritonitis</u> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Perforation of cecum</u> DUE TO <u>Volvulus of cecum</u>		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21A. DATE OF OPERATION <u>April 16, 1952</u>		21B. MAJOR FINDINGS OF OPERATION <u>Volvulus of cecum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 16</u> , 1952, to <u>April 18</u> , 1952 that I last saw the deceased alive on <u>April 18</u> , 1952, and that death occurred at <u>7:55am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. Joseph Krajci</u>		23B. ADDRESS <u>1100 N. Caroline Street</u>		23C. DATE SIGNED <u>April 18, '52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>4/21/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams</u>		24F. ADDRESS <u>5305 Hayford Rd</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 18 1952</u>		VS 150			

MEDICAL CERTIFICATION

51024

1575 00

RECEIVED
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.



400
3738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3738
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Louis Rallo			2. DATE OF DEATH April 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3303 Batavia Ave. #14			E. LENGTH OF stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 19-1887	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurantier			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Italy			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Rallo			14. MOTHER'S MAIDEN NAME Josephine Pellagrini		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Salvatrice Rallo - same			ADDRESS		

18. 204.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Myeloid Leukemia		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **April 14, 1952** to **April 18, 1952**, that I last saw the deceased alive on **April 18, 1952**, and that death occurred at **5:30 AM** from the causes and on the date stated above.

23A. SIGNATURE Dr. Paul Coffey Jr.	23B. ADDRESS 1400 N. Caroline St.	23C. DATE SIGNED April 18, 1952
--	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/21/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	-----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952	REGISTRAR'S SIGNATURE William W. J. Buck	25. FUNERAL DIRECTOR 5305 Hayford Rd
--	--	--

VS 150

290614

MEDICAL CERTIFICATION

3078

30

THE UNIVERSITY OF CHICAGO

1958

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5408 S. UNIVERSITY AVE.
CHICAGO, ILL. 60637

TO: DR. J. H. HARRIS
FROM: DR. J. H. HARRIS
SUBJECT: [illegible]

RE: [illegible]

DATE: [illegible]

BY: [illegible]

FOR: [illegible]

BY: [illegible]

400
2 3739
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3739

1. NAME OF DECEASED (Type or Print) Daisy Bell		2. DATE OF DEATH April 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
c. Length of stay in Baltimore 36 yrs		D. STREET ADDRESS (If rural, give location) 830 Hampson St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-5-97
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
11. FATHER'S NAME William Hill		12. CITIZEN OF WHAT COUNTRY?	
13. MOTHER'S MAIDEN NAME Virginia Annie Estep		14. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		HOPKINS HOSPITAL ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Dissecting aneurysm of aorta DUE TO ANTECEDENT CAUSES Hypertensive Cardiovascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-14, 1952, to 4-15, 1952, that I last saw the deceased alive on 4-15, 1952 and that death occurred at 6 P. m., from the causes and on the date stated above.			
23A. SIGNATURE Nathan E. Shaver M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 4-16-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/19/52	
24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem A. A. Co.		24D. LOCATION (City, town, or county) (State) Md	
25. FUNERAL DIRECTOR		ADDRESS	
APR 18 1952		Huntington Williams, Mr. Rayner Sanders 217 E. Preston St	

VS 150

DEPARTMENT OF HEALTH
CENTRAL BUREAU OF DEATH

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON QUALIFIED TO MAKE A MEDICAL JUDGMENT AS TO THE CAUSE OF DEATH.

IT IS TO BE FILLED OUT IN THE PRESENCE OF TWO OR MORE PERSONS WHOSE NAMES ARE TO BE SIGNED.

1. NAME OF DECEASED

2. SEX AND AGE
3. OCCUPATION
4. PLACE OF BIRTH

5. DATE AND PLACE OF DEATH
6. TIME OF DEATH

7. CAUSE OF DEATH

8. MANNER OF DEATH

9. SIGNATURE OF PHYSICIAN

10. SIGNATURE OF WITNESSES

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF CLERK

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3740**

BIRTH NO. 000 3740		2. DATE OF DEATH April 17, 1952	
1. NAME OF DECEASED (Type or Print) RUFUS LUTHER SHAW			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE New Jersey B. COUNTY V-27	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pennsgrove	
D. STREET ADDRESS (If rural, give location) E. Delavue Avenue			
5. SEX M 6. COLOR OR RACE Col 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1/21/91 9. AGE (In years last birthday) 61	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) NC	
10B. KIND OF BUSINESS OR OCCUPATION U.S. Engineer Corps Retired		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Shaw		14. MOTHER'S MAIDEN NAME Mariah Daniels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW I - USA		16. SOCIAL SECURITY NO. 169-20-1581	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 200.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lymphosarcoma, generalized (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Approx. 3 yrs.
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 12 , 1952, to Apr. 17 , 1952, that I last saw the deceased alive on Apr. 17 , 1952, and that death occurred at 3 A m., from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/17/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 22, 1952		24C. NAME OF CEMETERY OR CREMATORY Gate City Heaven Cem		24D. LOCATION (City, town, or county) (State) Wt Royal N.J.	
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm Peter Williams		ADDRESS 322 N. Lombard St	

MEDICAL CERTIFICATION

0175

8

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

1957, 1958

536
2 3741BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3741

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA GUNTHER

2. DATE
OF DEATH April 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2601 W. North Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 5, 1891

9. AGE (In years
last birthday)

60

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Kilzet

14. MOTHER'S MAIDEN NAME

Marie Anna Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Mr. Frank Gunther - 2601 W. North Ave.

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3, 1952, to 4/17, 1952, that I last saw the
deceased alive on 4/17, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial--

24B. DATE

4/19/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 18 1952

VS 150

J. J. Schenck & Sons

Balto 17, Md

100

THE UNIVERSITY OF CHICAGO
LIBRARY

100



250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3742

BIRTH NO. 3742

1. NAME OF DECEASED
(Type or Print)

Mary E Egan

2. DATE OF DEATH ^{med} April 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 74 22 S Charles

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE ^{me} Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt 23-01

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1422 S Charles St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 17, 1888

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

James J. Black

14. MOTHER'S MAIDEN NAME

Mary Mc Nulty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS

George P Egan 1422 S Charles

18. 141X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Tongue

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1952, to April 16, 1952, that I last saw the deceased alive on 4/15 1952 and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Rubin

M. D.

23B. ADDRESS

203 Palopene

23C. DATE SIGNED

4/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Apr. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

G. Howard Evans

ADDRESS

14805 Charles St, Balt 39, Md.

APR 18 1952

VS 150

MEDICAL CERTIFICATION

200
3743
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3743

1. NAME OF DECEASED (Type or Print) MARGUERITE L. FOXXX			2. DATE OF DEATH April 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX female			D. STREET ADDRESS (If rural, give location) 1034 Brantley Avenue		
6. COLOR OR RACE colored			E. LENGTH OF STAY IN BALTIMORE 38 years		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Nov. 6, 1913		
9. AGE (in years last birthday) 38			10. UNDER 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk			10B. KIND OF BUSINESS OR INDUSTRY Social Security		
11. BIRTHPLACE (State or foreign country) Balt. Md.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Trisky Lindsey			14. MOTHER'S MAIDEN NAME Alice Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. home		
17. INFORMANT Mr. Trisky Lindsey			18. ADDRESS 1034 Brantley Ave.		

18. E971.5		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Bichloride of mercury poisoning			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1034 Brantley Avenue	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY April 9, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Self ingestion of bichloride of mercury	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Durlacher		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED April 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 19, 1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		26. ADDRESS 1651 Daniel Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR APR 18 1952		VS 151 N965X 39091			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3744
Registered No.

452
2 3744 *Wyn Res*

BIRTH NO. *Wyn Res*

1. NAME OF DECEASED (Type or Print) **PHYLLIS VOLENS**

2. DATE OF DEATH **4/17/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *University Hospital*

6. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore 26 34

7. STREET ADDRESS (If rural, give location)
1002 Spangler Way

8. LENGTH OF STAY IN BALTIMORE *2* Yrs. *Mos.* *Days*

9. SEX *female* 10. COLOR OR RACE *white* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *single*

12. DATE OF BIRTH *April 1950* 13. AGE (In years last birthday) *2* 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *child* 17. KIND OF BUSINESS OR INDUSTRY *—*

18. BIRTHPLACE (State or foreign country) *Maryland* 19. CITIZEN OF WHAT COUNTRY? *U. S. A.*

20. FATHER'S NAME *Stanley Volens* 21. MOTHER'S MAIDEN NAME *Dolores Schultz*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* 23. SOCIAL SECURITY NO. *—*

24. INFORMANT *father* 25. ADDRESS *same*

18. *057.1* I **CAUSE OF DEATH** INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Waterhouse-Fredrickson Syndrome* 9 hours

DUE TO

(B) *hemigococemia* 20 hours

DUE TO

(C) *—*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *no* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY *—* 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/17*, 19*52*, to *4/17*, 19*52*; that I last saw the deceased alive on *4/17*, 19*52*; and that death occurred at *8:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Hester K. Carter* 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *4/18/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *4/19/52* 24C. NAME OF CEMETERY OR CREMATORY *St. Stanislaus Cemetery* 24D. LOCATION (City, town, or county) (State) *Dundalk Ave.*

DATE RECEIVED BY LOCAL REGISTRAR *APR 18 1952* REGISTRAR'S SIGNATURE *Huntington Walligans, M.D.* 25. FUNERAL DIRECTOR *Schimunek Funeral Home* ADDRESS *2601-03-05 E. Madison*

1978

UNITED STATES DEPARTMENT OF AGRICULTURE

1978

1978

UNITED STATES DEPARTMENT OF AGRICULTURE

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250
OFFICE OF THE SECRETARY
ATTENTION: ASSISTANT SECRETARY FOR
POLICY AND PLANNING
TELEPHONE: (202) 720-1000
FACSIMILE: (202) 720-1000
MAILING ADDRESS: P.O. BOX 348, WASHINGTON, D.C. 20001

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 3745

655
BIRTH NO. 3745

1. NAME OF DECEASED (Type or Print) <u>Christine Gorman</u>			2. DATE OF DEATH <u>4/17/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>3901 Fifth Street</u>			E. LENGTH OF STAY IN BALTIMORE <u>Life</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Mar. 15</u>		9. AGE (in years last birthday) <u>53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>
13. FATHER'S NAME <u>Bernard Worth</u>			14. MOTHER'S MAIDEN NAME <u>ANN RAAB</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Step. Records</u>
18. <u>704.1</u>			CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) <u>Penphigus vulgaris</u> DUE TO (B) _____ DUE TO (C) _____	<u>months</u>
--	---	---------------

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<u>Poss. Acute glomerulonephritis</u>	<u>Days</u>
---	---------------------------------------	-------------

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 14, 1952, to Apr. 17, 1952 that I last saw the deceased alive on Apr. 16, 1952 and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Antonia del Campo</u> M. D.		23B. ADDRESS <u>1213 Light St. Md</u>		23C. DATE SIGNED <u>4-17-52</u>	
---	--	---------------------------------------	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>4/19/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Bedar Hill</u>		24D. LOCATION (City, town, or county) (State) <u>A. A. Co. Md.</u>	
---	--	----------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <u>APR 18 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Flynn & Fleming</u>		ADDRESS <u>1476 Light St.</u>	
---	--	--	--	---	--	-------------------------------	--

MEDICAL CERTIFICATION

VALLEY
OF THE
SUN
SHINE
HOTELS

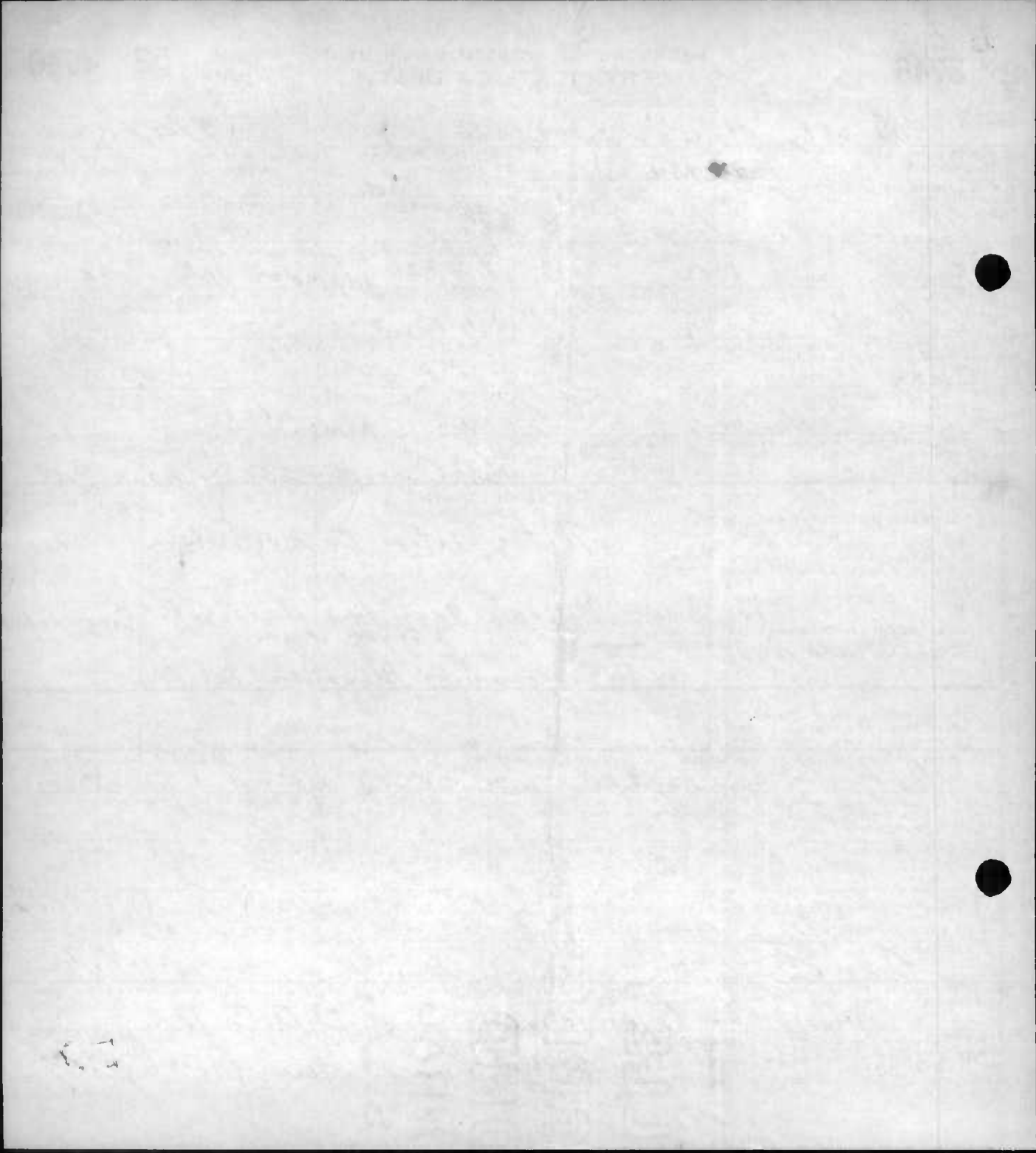
630
2 3746
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3746

1. NAME OF DECEASED (Type or Print) <i>Dorothy M. Garrett</i>		2. DATE OF DEATH <i>4/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
D. STREET ADDRESS (If rural, give location) <i>1232 Glynden Ave #23</i>			
5. SEX <i>F.</i>		6. COLOR OR RACE <i>wh.</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>		8. DATE OF BIRTH <i>July 27, 1924</i>	
9. AGE (In years last birthday) <i>27</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Elmer T. Neisser</i>		14. MOTHER'S MAIDEN NAME <i>Mary C. Kimball</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Paul Garrett</i>		ADDRESS <i>1232 Glynden Ave.</i>	
18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Post operative Cardiac Failure</i> DUE TO (B) <i>Multiple Anomalies of Heart & Great Vessels</i> <i>With Superimposed Rheumatic Infection</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 hrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>4/16/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Anomalies of Heart with Massive dilation of Auricle</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4/9</i> , 19 <i>52</i> , to <i>4/17/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4/17</i> , 19 <i>52</i> , and that death occurred at <i>4:00 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>E. E. Bryant</i>		23B. ADDRESS <i>Md. Gen. Hosp.</i>	
23C. DATE SIGNED <i>4/17/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>4/21/1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Flannery & Fleming</i>		ADDRESS <i>1426 Light St.</i>	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3747
Registered No.

452
52 3747
BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Joseph Henry Collins*

2. DATE OF DEATH *4-16-52*

3. PLACE OF DEATH:
A. Baltimore City *Maryland*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Union Memorial Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
30 Glenwood Ave. - 28

8. LENGTH OF STAY IN BALTIMORE *life*

9. SEX *M*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

12. DATE OF BIRTH *Dec. 2, 1884*

13. AGE (In years last birthday) *66 (6-7)*

14. UNDER 1 Year Months: Days

15. UNDER 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
elevators constructor

17. INDUSTRY
Construction

18. BIRTHPLACE (State or foreign country)
Baltimore, Md.

19. CITIZEN OF WHAT COUNTRY?
USA

20. FATHER'S NAME
Joseph D. Collins

21. MOTHER'S MAIDEN NAME
Catherine James

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
unk.

23. SOCIAL SECURITY NO.
21403-0461

24. INFORMANT
Mrs. Seona B. Collins

25. ADDRESS

18. *420.0*

CAUSE OF DEATH *30 cal*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Rupture of myocardium*

DUE TO

(B) *Coronary Thrombosis*

DUE TO

(C) *Arteriosclerotic heart disease*

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *✓*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 7, 1952* to *April 16, 1952*, that I last saw the deceased alive on *April 16, 1952* and that death occurred at *2:20 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE *Ernest C. Crowder* M.D.

23B. ADDRESS *Union Memorial Hosp.*

23C. DATE SIGNED *4-17-52*

24. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
4/19/52

24C. NAME OF CEMETERY OR CREMATORY
St. Johns Cmn

24D. LOCATION (City, town, or county) (State)
Ellicott City Md

DATE RECEIVED BY LOCAL REGISTRAR
APR 18 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Harry H. Welyke

ADDRESS
4101 Edmondson Ave

VS 150

690 24

WVS 35

RECEIVED BY THE NATIONAL ARCHIVES

CERTIFICATE OF DATA

WVS 35

WVS 35
RECEIVED BY THE NATIONAL ARCHIVES
CERTIFICATE OF DATA



200
52 3749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3749

1. NAME OF DECEASED (Type or Print) Sophonie Bogue			2. DATE OF DEATH April-16-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 13 North Exeter Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 13 North Exeter Street			E. LENGTH OF STAY IN BALTIMORE 11 Yrs.		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec-25-1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Home		
11. BIRTHPLACE (State or foreign country) Newrond N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Drivers Mullen			14. MOTHER'S MAIDEN NAME Ellen Mullen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Lee Bogue 13 North Exeter Street			ADDRESS		
18. 464x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary embolus DUE TO Thrombo phlebitis INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr. work.					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1 April, 1951 to 16 April, 1951 , that I last saw the deceased alive on 15 April, 1951 , and that death occurred at 8:30 am. , from the causes and on the date stated above.					
23A. SIGNATURE A. E. Burwell		23B. ADDRESS 121 Reservoir St		23C. DATE SIGNED 4-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/19/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		24E. FUNERAL DIRECTOR Thoy Wilson		24F. ADDRESS 1000 Beauty Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

1945 12 15

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, appearing as faint, mirrored bleed-through from the reverse side of the page. The text is mostly illegible due to the quality of the scan and the nature of the bleed-through.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3750

BIRTH NO. 536 3750

1. NAME OF DECEASED (Type or Print) ISAAC SMOTHERS		2. DATE OF DEATH April 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 113 W. Hill Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 22	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 65 ?
9. AGE (In years last birthday) 65 ?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? Unknown		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) Arteriosclerotic cardiovascular disease (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE <i>William H. Brown</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED April 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/19/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Ct.	
24D. LOCATION (City, town, or county) Baltimore, City		24E. FUNERAL DIRECTOR J. L. Brown & Son - 108 W. Montgomery St.		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR **APR 19 1952** REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* VS 151

0277 50

RECEIVED BY THE DIRECTOR

10-1-50

[Faint, mostly illegible text covering the body of the document, appearing to be a memorandum or report.]

535
2 3751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3751

1. NAME OF DECEASED (Type or Print) <i>Harry Benton</i>		2. DATE OF DEATH <i>4/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1024 Boyd St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1024 Boyd St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8/11/1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Produce Dealer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self.</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore md.</i>
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Bashabay Snow</i>	
16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>Mrs Bertha M. Benton 1024 Boyd St.</i>	
18. <i>177x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Disseminated Carcinoma</i> DUE TO (A) <i>Cancer of prostate gland</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Cancer of prostate gland</i> DUE TO (C) <i>Cancer of prostate gland</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>3/24/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of prostate gland</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-12-52</i> , 19 <i>52</i> , to <i>4-17-52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-17-52</i> , 19 <i>52</i> , and that death occurred at <i>9 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Thomas B. Schreiber</i>		23B. ADDRESS <i>54 S. Fulton Ave.</i>	
M. D. <i>4-18-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/21/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>3801 Frederick Ave. Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 19 1952</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>	
REGISTRAR'S SIGNATURE <i>H. J. Williams</i>		ADDRESS <i>2906A</i>	

MEDICAL CERTIFICATION

1000 80

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE

1000

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a series of lines of text, possibly a list or a report, covering the majority of the page.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3752**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Mary M. Trapas**

2. DATE OF DEATH **4/18/52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland ☒

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Bundalk

South Baltimore General Hospital

D. STREET ADDRESS (If rural, give location)
131 Bayside Drive

C. Length of stay in Baltimore **35**

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) **47**
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
at Home

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
John B. Hartman

14. MOTHER'S MAIDEN NAME
Irene Biggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Mr James M. Trapas** ADDRESS **131 Bayside Drive**

18. **4343**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pericarditis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**Poss. Addison disease
Emphysema**

**years
years**

19A. DATE OF OPERATION **4/21/52**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4-17**, 19**52**, to **4-18**, 19**52**, that I last saw the deceased alive on **4-18**, 19**52**, and that death occurred at **2:15 a.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Agustín del Campo M. O.

1213 Light St. Md.

4-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 19 1952 **Huntington Williams, M.D.**

John J. Cowan & Son **Hollins**

MEDICAL CERTIFICATION

1975

STATE OF NEW YORK

1975

IN SENATE
January 13, 1975
REPORT
OF THE
COMMISSIONER OF THE
DEPARTMENT OF
CORRECTIONS
AND
JAIL CORRECTIONS
TO THE
GOVERNOR
AND THE
SENATE

1. The Department of Corrections and Jail Corrections is pleased to present this report to the Governor and the Senate for their review and consideration. The report contains information on the activities of the Department during the year 1974, and on the progress made in the implementation of the recommendations of the Commission on the Administration of the Department of Corrections and Jail Corrections, established in 1971. The report also contains information on the activities of the Department during the first nine months of 1975.

2. The Department of Corrections and Jail Corrections is a large and complex organization, and its activities are carried out in many different areas. The report is divided into several sections, each of which deals with a different aspect of the Department's work. The sections are: Administration, Programs, Services, and Facilities. Each section contains a detailed description of the activities of the Department in that area, and a summary of the progress made during the year.

3. The Department of Corrections and Jail Corrections is committed to the improvement of the lives of the inmates of the State Prison and the State Jail, and to the rehabilitation of the inmates. The Department is committed to the provision of a wide range of programs and services to the inmates, and to the provision of a safe and secure environment for the inmates. The Department is committed to the provision of a high quality of care and supervision for the inmates, and to the provision of a high level of security for the inmates.

4. The Department of Corrections and Jail Corrections is committed to the improvement of the lives of the inmates of the State Prison and the State Jail, and to the rehabilitation of the inmates. The Department is committed to the provision of a wide range of programs and services to the inmates, and to the provision of a safe and secure environment for the inmates. The Department is committed to the provision of a high quality of care and supervision for the inmates, and to the provision of a high level of security for the inmates.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3753

BIRTH NO. <u>600 3753</u>		1. NAME OF DECEASED (Type or Print) <u>FARRAND SAYRE</u>		2. DATE OF DEATH <u>Apr. 17, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>325 Paddington Rd.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore _____ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>325 Paddington Rd.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 17, 1861</u>	9. AGE (In years last birthday) <u>90</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Brig. Gen.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		11. BIRTHPLACE (State or foreign country) <u>Monticello Missouri</u>	
13. FATHER'S NAME <u>Emelius K. Sayre</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Pierson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT ADDRESS Rd. <u>Mrs. Elizabeth Kilbourne - 325 Paddington</u>	
18. <u>450.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>hypertension failure</u> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arterio-sclerosis</u> DUE TO (C) <u>Stroke</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>none</u>		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <u>none</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>June 19, 1952</u> to <u>April 7, 1952</u> that I last saw the deceased alive on <u>April 7, 1952</u> , and that death occurred at <u>4:50 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Widow Street</u>		23B. ADDRESS <u>710 Park Ave</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4/19/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greenmount Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto., Md.</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>APR 19 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
VS 150		FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Lickner & Sons</u>		ADDRESS <u>Balto 17 Md.</u>	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3754
Registered No. _____

563
52 3754
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Marion DiMartino		2. DATE OF DEATH April 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13	
D. STREET ADDRESS (If rural, give location) 1918 E. Lanvale St.			
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-4-91	
9. AGE (In years last birthday) 60		10. CITIZEN OF WHAT COUNTRY? Italy	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph DiMartino		14. MOTHER'S MAIDEN NAME Josephine Cimino	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Augustina S. DiMartino		ADDRESS Same	

18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4-15-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-15 , 19 52 to 4-17 , 19 52 , that I last saw the deceased alive on 4-17 , 19 52 , and that death occurred at 4:05 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Doris H. Garte		23B. ADDRESS Bon Secours Hospital		23C. DATE SIGNED 4-17-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-21-1952		24C. NAME OF CEMETERY OR CREMATORY Mount Ardy Redeemer		24D. LOCATION (City, town, or county) (State) Belair Rd Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR George J. Ruth Inc.		ADDRESS 1735 Hanford Ave	

5828E

MEDICAL CERTIFICATION

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3755**

-200
52 3755
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK A. HAASE		2. DATE OF DEATH April 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5515 Hill top Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-44	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5515 Hilltop Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1891
			9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver		10B. KIND OF BUSINESS OR INDUSTRY Jewelry	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Robert Haase		14. MOTHER'S MAIDEN NAME Louisa Rauch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Mrs. Mary Haase 5515 Hilltop Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO ANTECEDENT CAUSES (B) Arteriosclerotic C. V. D. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Diabetes Mellitus**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 188**, to **April 15, 1952**, that I last saw the deceased alive on **April 15, 1952**, and that death occurred at **3a.** m., from the causes and on the date stated above.

23A. SIGNATURE F. A. Haase M. O.		23B. ADDRESS 4213 Highland Rd.		23C. DATE SIGNED 4/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 19, 1952		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
				24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Ulrich Funeral Home	
				ADDRESS 2--8 Orleans St.	

521 32

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3756**

255
3756

1. NAME OF DECEASED (Type or Print) MRS. WILHELMINA DICKMANN		2. DATE OF DEATH 4-16-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY BALTIMORE	
b. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 70 (Yrs) Mos. Days		d. STREET ADDRESS (If rural, give location) 7444 Holmberg Avenue 22	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 21, 1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 88
13. FATHER'S NAME Carl Sheffler		11. BIRTHPLACE (State or foreign country) GERMANY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT Daughter		ADDRESS 7444 Holmberg Ave	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cardiac failure DUE TO (B) Arteriosclerosis H.D. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 3-20-52		19b. MAJOR FINDINGS OF OPERATION A.S. GANGRENE Left Leg	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/16/52 , 19 52 , to 4/16/52 , 19 52 , that I last saw the deceased alive on 4/16/52 , 19 52 and that death occurred at 3:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. L. Church		23b. ADDRESS Church Home	
23c. DATE SIGNED 4/16/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURNED		24b. DATE APR 17-1952	
24c. NAME OF CEMETERY OR CREMATORY FIRST UNITED EV.		24d. LOCATION (City, town, or county) (State) BALTIMORE	
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1952		25. FUNERAL DIRECTOR HUNTINGTON WILLIAMS, MD. VLLRICH FUNERAL HOME DUNDON	

MEDICAL CERTIFICATION

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

JOHN B. LEECH, PRINTERS

1900

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

JOHN B. LEECH, PRINTERS

1900

NEW YORK

50 Dr. Swiss

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3757

BIRTH NO. 3757

1. NAME OF DECEASED
(Type or Print)

Joseph A. Dugan

2. DATE
OF
DEATH

Apr. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4423 Forest View Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4423 Forest View Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 24, 1902

9. AGE (in years

last birthday)

49

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

C & P

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Dugan

TEL. CO.

14. MOTHER'S MAIDEN NAME

Mary Nester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ruth Dugan, 4423 Forest View

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

30 min

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1949, to April 17, 1952 that I last saw the
deceased alive on April 17, 1952 and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Adams Lewis

M. D.

23B. ADDRESS

6232 Belair Road

23C. DATE SIGNED

April 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-19-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 19 1952 / Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

6905A

MEDICAL CERTIFICATION

6232 Bldg

400
52 3758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3758

1. NAME OF DECEASED (Type or Print) <i>V. Earle Tolley</i>		2. DATE OF DEATH <i>4/17/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ma.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>So. Baltimore General</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>4507 Dunland Rd.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Dec. 15, 1899</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Wm. Whiting Co.</i>	9. AGE (In years last birthday) <i>52</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John B. Tolley</i>		14. MOTHER'S MAIDEN NAME <i>Annie Murphy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Leslie Curtin</i>		ADDRESS <i>828 Mt. Holly St</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized carcinomatosis months</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of the prostate months</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 4</i> , 19 <i>52</i> , to <i>4-17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-17</i> , 19 <i>52</i> , and that death occurred at <i>9:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Agustini del Campo</i>		23B. ADDRESS <i>1213 Light St. Md</i>	
M. D.		23C. DATE SIGNED <i>4-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 21/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Harry A. Witzke</i>		ADDRESS <i>4101 Edmondson Ave.</i>	

MEDICAL CERTIFICATION

0006N

11/11/11

623
REA-158356BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3759
Registered No.

1. NAME OF DECEASED (Type or Print) Charles Morrissett		2. DATE OF DEATH April 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 11 S. Stricker Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 19, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter		10B. KIND OF BUSINESS OR INDUSTRY const.	9. AGE (In years, last birthday) 65
13. FATHER'S NAME Chas. H. Morrissett		14. MOTHER'S MAIDEN NAME Maggie Dunlop	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO Heart Failure Pulmonary Edema ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Arteriosclerotic Heart Disease DUE TO Heart Failure Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH several years 24 hours	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 4-17-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 4-17-52		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-16-52 , 19 52 , to 4-17 , 19 52 , that I last saw the deceased alive on 4-17 , 19 52 , and that death occurred at 6 A m., from the causes and on the date stated above.			
23A. SIGNATURE G. B. Brown		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 4-17-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 19, 1952	
24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Harry H. Witzke		ADDRESS 4101 Edmondson Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

STATEMENT OF DEATH

Jan 11 1886
J. H. H. H.

Dr. H. H. H. H.

Dr. H. H. H. H.

CAUSE OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

DEATH OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3760**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pennington, Betty Markel			2. DATE OF DEATH April 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
Length of stay in Baltimore 50 yr. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 907 S. Paca St.		
5. SEX M.	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH		9. AGE (in years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife		10B. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Frederick, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph J. Walling			14. MOTHER'S MAIDEN NAME Laura J. Staley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS M. Wilson Pennington, 907 S. Paca St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 16, 1952**, to **April 16, 1952**, that I last saw the deceased alive on **April 16, 1952** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 1400 N. Caroline St.	23C. DATE SIGNED April 16, 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 21/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Witzke
		ADDRESS 4101 Edmondson Ave

APR 19 1952 VS 150

MEDICAL CERTIFICATION

435
52 3781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3781
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>Edward Dalton</u>	
2. DATE OF DEATH <u>April 18, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>US Public Health Service Hosp.</u> <u>Wyman Park Dr. & 31st St.</u>	
C. Length of stay in Baltimore <u>1</u> Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Illinois</u> B. COUNTY <u>V-11</u>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chicago</u>	
D. STREET ADDRESS (If rural, give location) <u>709 Diversey Street</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-22-02</u>
9. AGE (In years last birthday) <u>49</u>	10. UNDER 1 Year Months Days
11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Charles Dalton</u>	14. MOTHER'S MAIDEN NAME <u>Winifred McLoughlin</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WW 11</u>
17. INFORMANT <u>Records, US PHS Hospital, Baltimore, Md.</u>	ADDRESS
18. <u>410X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Rheumatic valvulitis, inactive with mitral stenosis</u> DUE TO (B) <u>Rheumatic heart disease, inactive</u> DUE TO (C) <u></u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> <u>Unknown</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>Apr. 16, 1952</u>	19B. MAJOR FINDINGS OF OPERATION <u>Mitral stenosis and calcification</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 18</u> , 1952 to <u>Apr 18</u> , 1952, that I last saw the deceased alive on <u>Apr 18</u> , 1952, and that death occurred at <u>9:25P</u> m., from the causes and on the date stated above.	
23A. SIGNATURE <u>Robert M. McDonald</u>	23B. ADDRESS <u>US PHS Hospital, Baltimore, Maryland</u>
23C. DATE SIGNED <u>4-19-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4-23-52</u>
24C. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>	24D. LOCATION (City, town, or county) (State) <u>Chicago, Ill.</u>
25. FUNERAL DIRECTOR <u>Harold H. Hurrell</u>	ADDRESS <u>2503 Edmondson Ave</u>

VS 150

685 55 0 3759

52 3762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3762

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND J MILLER

2. DATE
OF
DEATHApril 18
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE PINECREST SANATARIUM4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-44

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3615 White Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 334X and 481X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PARALYSIS AGITANS

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis 19 months

(C) Generalized Arteriosclerosis ?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INFLUENZA with Severe Pharyngitis 4 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 21, 1951, to April 18, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1952

Huntington Williams, M.D.

Leann J. Cook - 305 Hayford

VS 150

075 RS

MEDICAL CERTIFICATION

8043

8043

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

(To be filled out by a physician or other qualified person)

1. Name of deceased: _____

2. Sex: _____

3. Date of birth: _____

4. Place of birth: _____

5. Usual residence: _____

6. Date of death: _____

7. Time of death: _____

8. Cause of death: _____

9. Manner of death: _____

10. Signature of physician: _____

11. Signature of registrar: _____

12. Signature of informant: _____

13. Signature of medical examiner: _____

14. Signature of coroner: _____

15. Signature of funeral director: _____

16. Signature of other official: _____

17. Signature of other official: _____

18. Signature of other official: _____

19. Signature of other official: _____

20. Signature of other official: _____

21. Signature of other official: _____

22. Signature of other official: _____

23. Signature of other official: _____

24. Signature of other official: _____

25. Signature of other official: _____

26. Signature of other official: _____

27. Signature of other official: _____

28. Signature of other official: _____

29. Signature of other official: _____

30. Signature of other official: _____

221

52 3763

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3763
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Albert Harshberger</i>		2. DATE OF DEATH <i>April 19-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4231 Stanwood Lane</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Stamwood</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-02</i>	
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>4231 Stanwood Lane</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>3/10/1862</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Car Repairman P. R. R.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9. AGE (In years last birthday) <i>90</i>
13. FATHER'S NAME <i>John Harshberger</i>		11. BIRTHPLACE (State or foreign country) <i>Indiana</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Elyse</i>	
17. INFORMANT <i>Ella Corp.</i>		ADDRESS <i>4231 Stanwood Lane</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>cardio-renal-vascular disease</i>		<i>?</i>
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *April 12, 1952* to *April 19, 1952*, that I last saw the deceased alive on *April 19, 1952*, and that death occurred at *12:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>L. C. O'Neil</i>		23B. ADDRESS <i>447 U. Kenwood Ave.</i>		23C. DATE SIGNED <i>4/19/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosehill Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Ulltown Pa.</i>		25. FUNERAL DIRECTOR <i>Leopold J. Bruck</i>		ADDRESS <i>1305 Harford St.</i>	

MEDICAL CERTIFICATION

~~222~~
222

—
T. m. l. n. d. i. g. e. A. d.

52 3764

PASENKER BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3764
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY PASENKER

2. DATE
OF
DEATH

4/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI MOUNT

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2214 Walbrook Ave

C. Length of stay in Baltimore

15 Yrs

Yrs.

Mos.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

April 10, 1910

9. AGE (in years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

TAXI DRIVER

EMPLOYEE

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Max Pasenker

14. MOTHER'S MAIDEN NAME

Sarah Selig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lena Pasenker 2214 Walbrook Ave

18. 453.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Peripheral Vascular Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to April 19, 1952 that I last saw the
deceased alive on April 19, 1952 and that death occurred at 12:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Lander

M. D.

23B. ADDRESS

Venet Ave Baltimore

23C. DATE SIGNED

April 19 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery Rogers Ave

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Lewinson & Bns North ave

VS 150

68254

MEDICAL CERTIFICATION

1000 5

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1000 5

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

52 3765

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3765

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL FRIBUSH

2. DATE
OF
DEATH

4-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

810 Brooks Lane

HOSPITAL OR INSTITUTION

810 Brooks Lane

Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

M.

8. DATE OF BIRTH

March 1, 1884

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Philip Fribush

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Bertha Fribush 810 Brooks Lane

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

Degenerative Cardio-vascular Disease
Arteriosclerosis and Hypertension
Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

?

3

20 min

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 4-18-1952 that I last saw the deceased alive on 4-18-1952 and that death occurred at 7:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. J. Furman

M. D.

409 N. Calvert

4-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-20-52

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1952

Huntington Williams, M.D.

1124-26 N. North Ave.

VS 150

2904G

MEDICAL CERTIFICATION

1. *Chloris* *Chloris* *Chloris*
2. *Chloris* *Chloris* *Chloris*
3. *Chloris* *Chloris* *Chloris*

Chloris *Chloris* *Chloris*

Chloris *Chloris* *Chloris*
Chloris *Chloris* *Chloris*

Chloris *Chloris* *Chloris*

60

52 3766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3766

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE JAFFE

2. DATE
OF
DEATH

4-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3313 Menlo Drive

C. Length of stay in Baltimore

60 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1878

9. AGE (In years,
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Samuelson

14. MOTHER'S MAIDEN NAME

Goldie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Albert Levin 3313 Menlo Drive

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-1952, to 4-19-1952, that I last saw the
deceased alive on 4-19-1952, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Anshei Nessin Cong Cemetery Baltimore

24D. LOCATION (City, town, or county)

Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 20 1952

Huntington Williams, M.D.

Sol Lewinson Bus

1126 W North Ave

VS 150

MEDICAL CERTIFICATION

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

100-100

145
52 3767CORRECTION 5/1/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3767
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE KAPLAN

2. DATE
OF
DEATH

4-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3506 Sequoia Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-11

D. STREET ADDRESS (If rural, give location)

3506 Sequoia Ave

Length of stay in Baltimore

41

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

38

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

house wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Louis Kaplan -

ADDRESS

same

18. 199.8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Respiratory failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinomatous

DUE TO

(C)

all serosal surfaces.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1952, to 4-18, 1952, that I last saw the
deceased alive on 4-18, 1952, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward C. Okun

M. D.

23B. ADDRESS

803 Cathedral St.

23C. DATE SIGNED

4/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-20-52

24C. NAME OF CEMETERY OR CREMATORY

Huntington Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutan Pl

VS 150

Almanac
800 Cathedral St
3 fl
San 4392

See Document File 52-3767
5/1/52 ES

52 3768

CERTIFICATE CORRECTED 5-11-52

52 3768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Antoinette ^S Lawrence2. DATE
OF
DEATH

4/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

13 Woodlawn Ave., Eden Terrace 28

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/3/79

9. AGE (in years
last birthday) If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

73

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George (Seene) C. Suero

14. MOTHER'S MAIDEN NAME

Elizabeth (Isenhardt) Weisenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Arthur Lawrence Husband Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4-18, 1952, to 4-18, 1952, that I last saw the
deceased alive on 4-18, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

David Magate

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

4/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4-21-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Gaithe.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley, Gaithe, Annapolis

Moore

General #4-2112
Lumber Dept. Bldg.
Chicago, Ill.

20
52 3769BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3769
Registered No.

VMC-106077

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lynch, John		2. DATE OF DEATH 4-18-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 50 Yrs.		D. STREET ADDRESS (If rural, give location) (508 Washington St.) Balto., City Hospitals	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY City	9. AGE (In years last birthday) 75
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Pat. Lynch		14. MOTHER'S MAIDEN NAME Sarah McDonough ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records - 4940 Eastern Ave.		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary insufficiency DUE TO CAUSE OF DEATH Acute coronary insufficiency DUE TO INTERVAL BETWEEN ONSET AND DEATH ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 4-18-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 4-18-52	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-13- , 19 46 , to 4-18- , 19 52 , that I last saw the deceased alive on 4-18- , 19 52 , and that death occurred at 6:00 A.m. , from the causes and on the date stated above.		
23A. SIGNATURE J. B. Rogers	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-21-52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR APR 20 1952	REGISTRAR'S SIGNATURE H. J. Williams, M.D.	25. FUNERAL DIRECTOR Sully & Ziker Chas.	ADDRESS 403 S. Wolf St.

8008

92

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1912

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

STATE OF NEW YORK
DEPARTMENT OF HEALTH

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

11-11

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE
B. COUNTY

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

GEORGE DAVIS

Apr 19, 1952

University

MD BALTO

M W M.

6/24/1890 61

FLORIST HELPER DUTTERER FLORIST

WESTMINISTER

USA

William H. DAVIS (R)

SARAH E. PARRISH

ETHEL M. DAVIS 57 LIBERTY ST.

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

E900.0 I

Fracture of skull

Subdural Hematoma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

April 17, 1952 ?

Home

Westminster, Md.

Fall down stairs in home

Stanley K. Dureechn M.D.

Apr. 20, 1952

BURIAL

4/22/52

ZION METHODIST

WESTMINISTER MD.

PR 20 1952

Huntington Williams, M.D.

FA. SHERMAN

WESTMINISTER MD.

0578

92

0578

92

346
52 3771
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 3771

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **James J. SADLER**

2. DATE OF DEATH **20 April 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

5. FULL NAME OF HOSPITAL OR INSTITUTION
Lutheran Hospital of Maryland, Inc.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
608 S. Smellwood St #23

8. LENGTH OF STAY IN BALTIMORE
LIFE

9. SEX **M** 10. COLOR OR RACE **W** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

12. DATE OF BIRTH **3 March 1925** 13. AGE (In years last birthday) **27**

14. BIRTHPLACE (State or foreign country) **MARYLAND** 15. CITIZEN OF WHAT COUNTRY? **U.S.A.**

16. FATHER'S NAME **DANIEL SADLER** 17. MOTHER'S MAIDEN NAME **MARIE REYNOLDS**

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) **NO** 19. SOCIAL SECURITY NO. **NONE**

20. INFORMANT ADDRESS
MARIE SADLER 608 S. SMALLWOOD ST

18. **420.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cardiac arrhythmia
DUE TO
(B) Myocardial infarction
DUE TO
(C) Hypertension
pericardial tamponade

INTERVAL BETWEEN ONSET AND DEATH
6-7 days?
6 months or more

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK ☒ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **19 April**, 1952 to **20 April**, 1952, that I last saw the deceased alive on **20 April**, 1952 and that death occurred at **4:50 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE **William F. Kremer** M. D. 23B. ADDRESS **Lutheran Hospital, Balto** 23C. DATE SIGNED **20 April '52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **4-24-52** 24C. NAME OF CEMETERY OR CREMATORY **NEW CATHEDRAL** 24D. LOCATION (City, town, or county) (State) **BALTIMORE, MD.**

DATE RECEIVED BY LOCAL REGISTRAR **APR 21 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **GEO. L. Schwab 2101 Frederick Ave.**

VS 150
683 52

514

52 3772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3772

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RACHEL IRELAND CAMPBELL

2. DATE
OF
DEATH

Apr 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec 11, 1890 61 6 2

9. AGE (in years
last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

House keeper

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nelson Kelly

14. MOTHER'S MAIDEN NAME

Selena Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eleanor Smith, Calverville, Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Apr 20, 1952

24A. (BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1952

Huntington Williams, M.D.

R. L. Snowden, Rockville, Md.



-420

52 3773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3773

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CALLIS, Hilda

2. DATE
OF
DEATH

4-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Annapolis

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Colonial Beach

D. STREET ADDRESS (If rural, give location)

5200

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED (Specify)

Widowed

8. DATE OF BIRTH

4-5-1902

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

AMBURG, VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jackson

14. MOTHER'S MAIDEN NAME

Sable

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS EDWARD KAMM 922 HUNAKER CT. -25

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Nephrosclerosis

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1952 to 4-17, 1952 that I last saw the deceased alive on 4-17, 1952 and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John K. Kroll

Franklin Sq. Hosp.

4-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

4/21/52

MAGOTHY CHURCH CEM.

JACOBVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC 715 LIGHT ST

VS 150

1 45 2 0 0 0 3 7 7 1

-30

MEDICAL CERTIFICATION

0113 8

W. S. Smith

W. S. Smith



526

52 3774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3774
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PAULINE SINGER			2. DATE OF DEATH Apr. 20 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2722 CYLBURN AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-17		
C. Length of stay in Baltimore 55 Yrs. 55 Mos. Days 			D. STREET ADDRESS (If rural, give location) 2722 CYLBURN AVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH		9. AGE (in years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AUSTRIA
13. FATHER'S NAME REUBEN			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME ROSE		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS DR. JACK SINGER - 4100 N. CHARLES ST		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Acute congestive failure	CAUSE OF DEATH Acute congestive failure	INTERVAL BETWEEN ONSET AND DEATH 2 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of the stomach	(A) DUE TO	3 years
Inanition	(B) DUE TO	8 months
Hypertension	(C) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 5, 1949**, to **April 20, 1952**, that I last saw the deceased alive on **April 20, 1952**, and that death occurred at **8:40a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Louis R. Mason	23B. ADDRESS 4335 Park Heights Dr	23C. DATE SIGNED 4/21/52
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 4/21/52	24C. NAME OF CEMETERY OR CREMATORY Windsor Mill Rd	24D. LOCATION (City, town, or county) (State) BALTO. MD
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Mr. Jack Lewis	ADDRESS 2100 Euteria Pl.

Ru. Mason
9 a.m.
4335 Park Hgts

543

52 3775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3775

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Otis Hamlett

2. DATE
OF
DEATH

APR 19 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)Md.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

117 N. Bond St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-22-92

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

McGRATH PACKING

11. BIRTHPLACE (State or foreign country)

HALIFAX Co., VA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WARREN HAMLETT

14. MOTHER'S MAIDEN NAME

MARTHA WADE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive cardiovascular
and renal diseaseINTERVAL BETWEEN
ONSET AND DEATH

? 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Lobar pneumonia

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17-1952 to 4-19-1952 that I last saw the
deceased alive on 4-19-1952 and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE

Thomas Franklin Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

4-22-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

HARMONY, VA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Joseph S. Locks, Jr. 1304 N. Central Ave

VS 150

97042

MEDICAL CERTIFICATION

660
52 3776

MOWRER.

52 3776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William A. Mowrer</i>			2. DATE OF DEATH <i>4/20/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1915 Homewood Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 7-08</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1915 Homewood Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2/13/1882</i>	9. AGE (in years last birthday) <i>70</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>			11. BIRTHPLACE (State or foreign country) <i>Lancaster Pa</i>		
13. FATHER'S NAME <i>Albert Mowrer</i>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>216-07-8615</i>		
17. INFORMANT <i>Laura Steinkamp</i>			ADDRESS <i>Oak Hill Ave</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Em</i>		CAUSE OF DEATH (A) _____ DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertensive C. V. Disease</i> DUE TO _____ (C) <i>Generalized arteriosclerosis</i>		(B) _____ DUE TO _____ (C) _____	<i>?</i> <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>1952</i> to <i>April 20</i> , 19 <i>52</i> that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:30</i> P. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>John H. Greenberg</i>		23B. ADDRESS <i>Medical Arts Bldg</i>		23C. DATE SIGNED <i>4/21/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>4/21/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lancaster</i>	
24D. LOCATION (City, town, or county) (State) <i>Lancaster Pa</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

MEDICAL CERTIFICATION

400
52 3777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3777
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>George Coley</i>		2. DATE OF DEATH <i>April 18, 1952</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Baltimore - 16-02</i>
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>802 E. Parrush St</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		8. DATE OF BIRTH <i>Oct. 5, 1884</i>
10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>N. Jersey</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Coley</i>		14. MOTHER'S MAIDEN NAME <i>Mat?</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of esophagus</i> DUE TO	CAUSE OF DEATH <i>Carcinoma of esophagus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2-4 mo.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>April 18, 1952</i> to <i>April 18, 1952</i> , that I last saw the deceased alive on <i>April 18, 1952</i> , and that death occurred at <i>3 P.</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Thomas Franklin Williams</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-18-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Westport, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		25. FUNERAL DIRECTOR <i>Joseph L. Lues</i> ADDRESS <i>1200 Mac Cullough St. Balt., Md.</i>		

DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

Age 60

Sex Male

Birth Date 1880

Place of Birth [illegible]

Occupation [illegible]

Marital Status [illegible]

CAUSE OF DEATH

1. Immediate Cause of Death

2. Underlying Cause of Death

3. Contributing Cause of Death

4. Manner of Death

5. Place of Death

6. Date of Death

7. Time of Death

8. Signature of Physician

9. Signature of Registrar

10. Signature of Coroner

11. Signature of Medical Examiner

520
52 3778BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3778
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Banks

2. DATE
OF
DEATH

April 17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1529 N. Eden St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 10, 1867

9. AGE (in years
last birthday)

84

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter Banks

14. MOTHER'S MAIDEN NAME

Henrietta?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian White 8197 N. Durham St

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

5 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Congestive Heart Failure 2 wks

(C) DUE TO

Coronary Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1951 to April 17, 1952, that I last saw the
deceased alive on April 16, 1952 and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Williams

M. D.

23B. ADDRESS

1222 N. Caroline

23C. DATE SIGNED

4-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1952

Huntington Williams, M.D.

Mrs Robert A. Elliott, Daughter

1129 N. Caroline St

3282 3779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3779
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George Matthews</i>		2. DATE OF DEATH <i>April 18/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>9-04</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>642 Aull St</i>		C. CITY OR TOWN (If outside corporate limits, write it U.S. and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>642 Aull St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 6, 1887</i>
9. AGE (in years last birthday) <i>64</i>		10. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unemployed Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gr</i>	
11. BIRTHPLACE (State or foreign country) <i>Pato Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Thomas Matthews</i>		14. MOTHER'S MAIDEN NAME <i>Annie Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>433 Pittman</i>	
17. INFORMANT <i>Ada Matthews</i>		ADDRESS <i>433 Pittman</i>	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		CAUSE OF DEATH <i>Cerebral Hemorrhage</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>10 dm.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 dm.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21C. WHERE DID INJURY OCCUR? <i>Home</i>		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>Apr 17, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>Stroke</i>			
22. I hereby certify that I attended the deceased from <i>Apr 8</i> , 19 <i>52</i> , to <i>Apr 18</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Apr 17</i> , 19 <i>52</i> and that death occurred at <i>11</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Ada Matthews</i>		23B. ADDRESS <i>301-22 N E</i>	
23C. DATE SIGNED <i>Apr 19-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 21/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. County Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
VS 150		25. FUNERAL DIRECTOR <i>Wm. Trotter & G. Ellis</i>	
		ADDRESS <i>1129 N. Caroline St</i>	

MEDICAL CERTIFICATION

97099

655
32 3780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3780
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NICHATIE J. BROWNING		2. DATE OF DEATH Apr. 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2125 Bolton St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2125 Bolton St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 3, 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME James T. Smith		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. no		14. MOTHER'S MAIDEN NAME Louise ?	
17. INFORMANT Mrs. Hallie F. Dieckman		ADDRESS 2125 Bolton St.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I	CAUSE OF DEATH (A) Coronary Decomp. DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 wks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerotic cardio DUE TO (C) vascular disease	6 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1945**, 19__, to **Apr. 18**, 19**52** that I last saw the deceased alive on **Apr. 1**, 19**52**, and that death occurred at **40** m., from the causes and on the date stated above.

23A. SIGNATURE **Norman E. Todd** M. D. 23B. ADDRESS **2108 St Paul St** 23C. DATE SIGNED **4/19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/21/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. & Son 2108 St Paul St Balto 17, Md.	

MEDICAL CERTIFICATION

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

1944

OFFICE OF THE SECRETARY

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE
FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE
SUBJECT: [Illegible]
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or official correspondence.]

40
52 3781BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3781

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret I. Bosley

2. DATE
OF
DEATH

4-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University A

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write R.R. and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

5125 Virginia Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 29, 1875

9. AGE (In years

77

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Bull

14. MOTHER'S MAIDEN NAME

Martha Wisner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Mildred Purkey - 3125 Virginia Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Coronary Artery Sclerosis
Atherosclerosis - generalizedINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18-52 to 4-20-52, that I last saw the
deceased alive on 4-20-52 and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Fleming J. Borges

M. D.

23B. ADDRESS

University A

23C. DATE SIGNED

4-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/24/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons
Baltimore 17, Md.

ADDRESS

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side. Some words like "UNITED STATES DEPARTMENT OF JUSTICE" and "FEDERAL BUREAU OF INVESTIGATION" are faintly visible.]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3782

Registered No. _____

260 52 3782 BIRTH NO. <i>Bordes</i>		1. NAME OF DECEASED (Type or Print) <i>Ronald Harry Raker</i>		2. DATE OF DEATH <i>APR 20 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>25 Egges Lane 5300</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>9-2-46</i>	9. AGE (In years last birthday) <i>5</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Harry A. Raker, Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Carolyn H. Schaible</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. 204.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Leukemia</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>2-1-</i> , 1952 to <i>4-20-</i> , 1952 that I last saw the deceased alive on <i>4-20-</i> , 1952, and that death occurred at <i>4:45 A.M.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>Paul M. Phillips</i> M. D.	
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4-22-52</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>4/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tucker & Sons</i> <i>Balto 17 Md</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK, MAY 20, 1918

CERTIFICATE OF DEATH

John J. Smith

NAME OF DECEASED

John J. Smith

RESIDENCE

1234 5th Ave., New York City

II

DATE OF DEATH

MAY 20, 1918

PLACE OF DEATH

1234 5th Ave., New York City

AGE

45 years

SEX

Male

CAUSE OF DEATH

Heart Failure

Signature of Physician

Signature of Registrar

560
52 3783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3783
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL B. SKINNER

2. DATE
OF
DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Wiltondale

D. STREET ADDRESS (If rural, give location)

628 Yarmouth Road

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 25, 1866

9. AGE (In years
last birthday)

85

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Conductor (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Skinner

14. MOTHER'S MAIDEN NAME

Lucy Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John W. Skinner - 628 Yarmouth Rd.

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

QUE TO

(C)

(B) Subdural hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

York Road and McCabe Avenue

27/10

21D. TIME (Month) (Day) (Year) (Hour)

April 10, 1952 7:40 P. m.

21E. INJURY OCCURRED

WHILE AT ☐
WORK

NOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Auto and auto collision (passenger)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Dr. H. A. Dunderman M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/22/52

Oaklawn Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1952

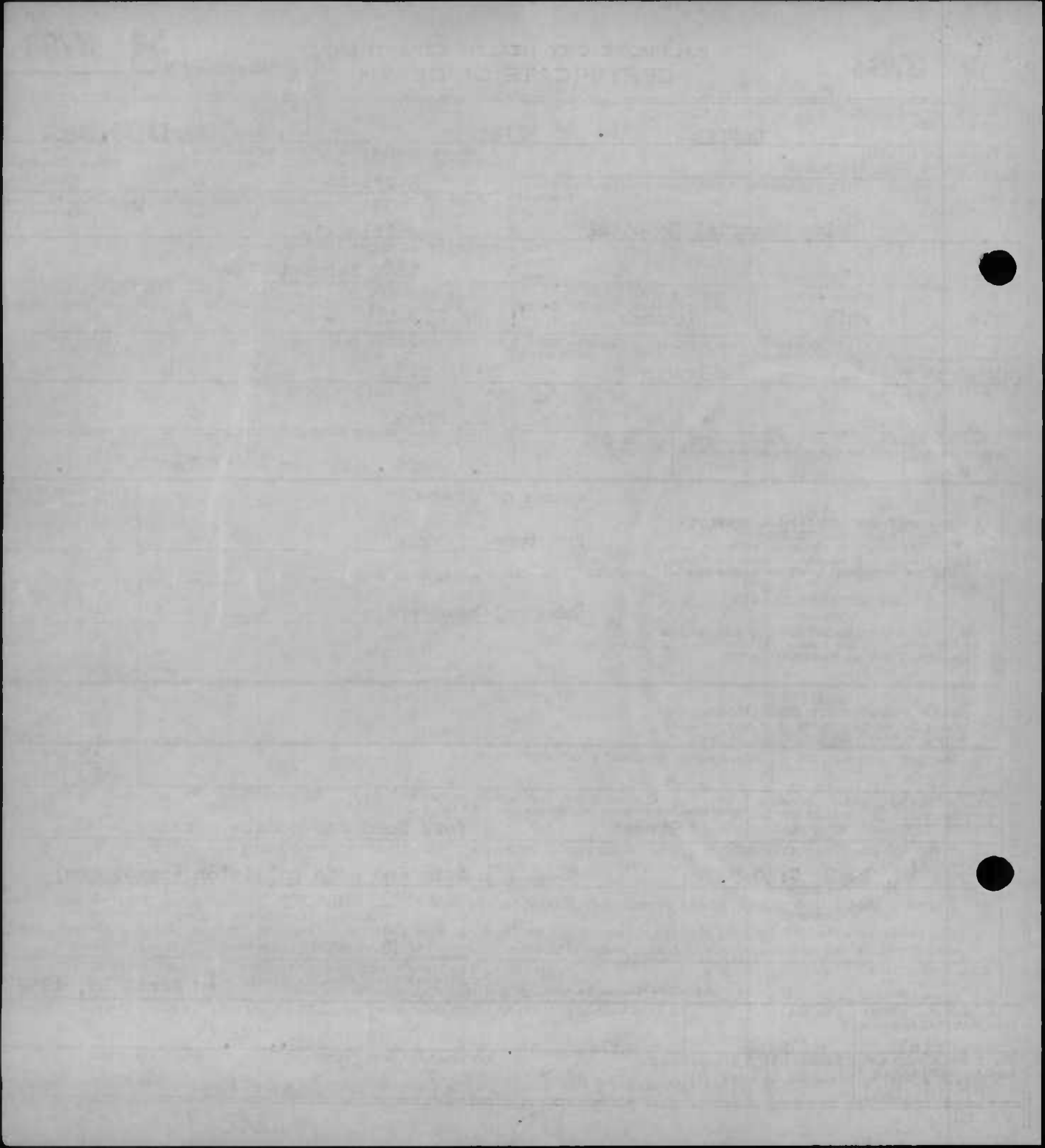
Huntington Williams, M.D.

26. J. S. Sweeney & Sons

Balto 17 Md

V S 151

N 803. 2



643
52 3784BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3784
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD L. PARLETT			2. DATE OF DEATH April 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 11-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION 509 Cathedral St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 509 Cathedral St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Sept. 7, 1898	9. AGE (In years last birthday) 53	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed			10B. KIND OF BUSINESS OR INDUSTRY Lawyer		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Wm. M. Parlett			14. MOTHER'S MAIDEN NAME Katherine Lambert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Evelyn E. Parlett - 1009 Walnut Ave.			ADDRESS		
18. 581.1 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic Cirrhosis of the Liver DUE TO INTERVAL BETWEEN ONSET AND DEATH Several years.					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Chronic Alcoholism DUE TO Several years.					
(C) Chronic myocarditis - 10 months					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION ✓		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 15, 1951 , to April 19, 1952 , that I last saw the deceased alive on April 19, 1952 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frank H. O'Brien, M.D.			23B. ADDRESS 2701 N. Calvert St.		23C. DATE SIGNED April 19, 52.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/22/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Wm. J. Lickner & Sons Balt 17 Md.	

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

DATE OF DEATH

THE DEATH OF THIS PERSON

WAS REPORTED BY THE

PERSON WHO FOUND THE

BODY OR BY THE

PERSON WHO WAS WITH

THE PERSON AT THE

TIME OF DEATH

AND BY THE

PERSON WHO WAS

WITH THE PERSON

AT THE TIME OF

DEATH

AND BY THE

PERSON WHO WAS

WITH THE PERSON

AT THE TIME OF

DEATH

AND BY THE

PERSON WHO WAS

WITH THE PERSON

AT THE TIME OF

DEATH

AND BY THE

PERSON WHO WAS

WITH THE PERSON

AT THE TIME OF

DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52 3785		1. NAME OF DECEASED (Type or Print) <i>Charles L. Vicars</i>		2. DATE OF DEATH <i>April 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dist. 6</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3853 Roland Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-5-34</i>	9. AGE (In years last birthday) <i>17</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ky.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Ewing Vicars</i>		14. MOTHER'S MAIDEN NAME <i>Broogie Burnett</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>401.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral entolus</i>	CAUSE OF DEATH (A) <i>Cerebral entolus</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiac failure</i> <i>Rheumatic Heart Disease</i>	(B) <i>Cardiac failure</i> DUE TO (C) <i>Rheumatic Heart Disease</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Probably accompanied by active rheumatic fever at time of disease</i>		

19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-18-*, 19*52*, to *4-19-*, 19*52*, that I last saw the deceased alive on *4-19-*, 19*52*, and that death occurred at *12:30 P.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Frederick W. Dick</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4-19-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 23, 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>3900 Roland Ave Md.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Robert E. Donovan 3818 Roland Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i> REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		

See Document File 52-3785

5/15/42 ES

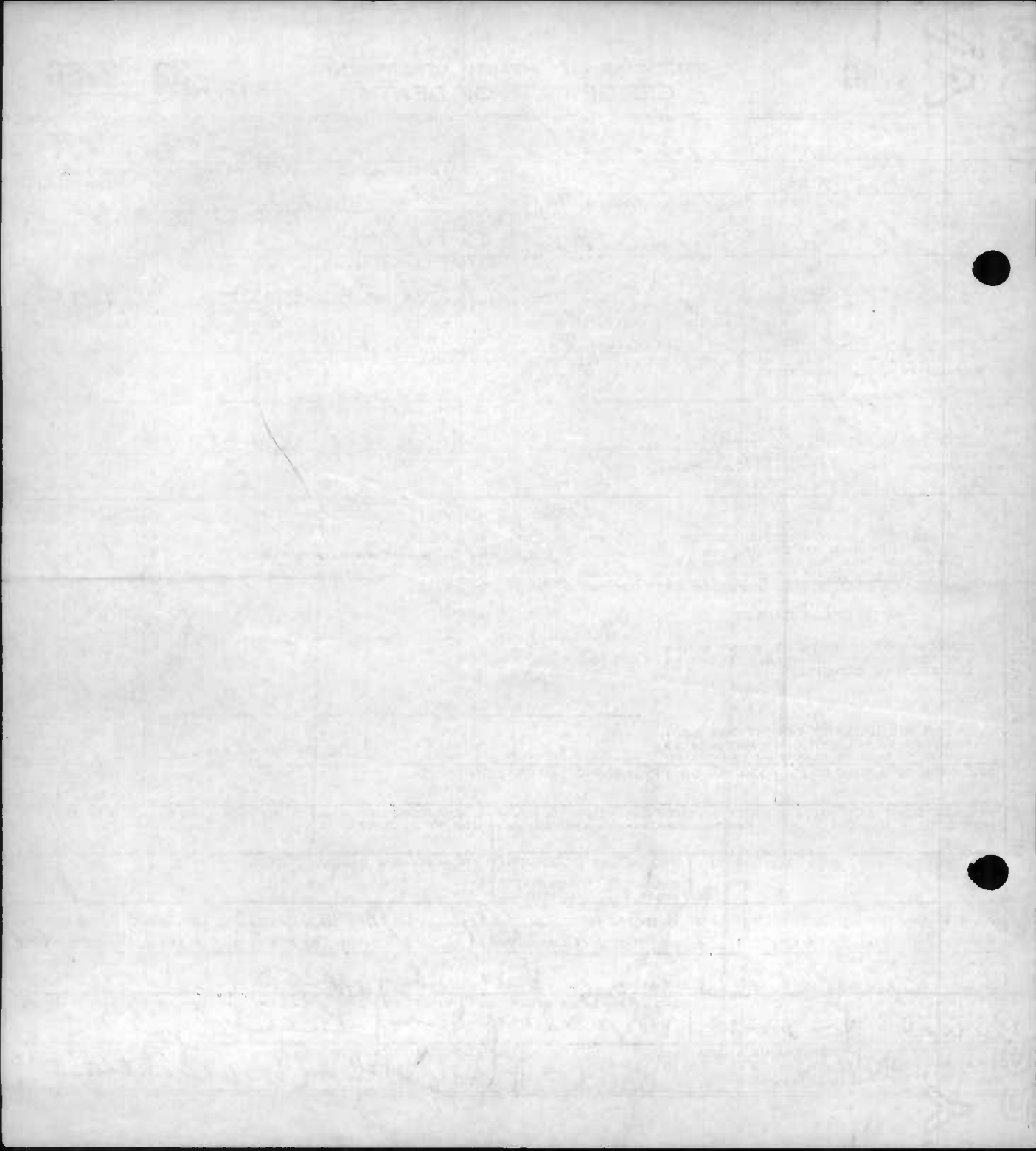
160
52 3786BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3786

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ada Cooper</i>		2. DATE OF DEATH <i>20 April 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>833 W. Fairmount Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>32</i> Yrs. <i>Mrs.</i> Days		D. STREET ADDRESS (If rural, give location) <i>833 W. Fairmount Avenue</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>15 July 1896</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>
13. FATHER'S NAME <i>William Perry</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME <i>Fannie Parks</i>		17. INFORMANT ADDRESS <i>833 W. Fairmount Ave</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Lobar Pneumonia</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>		19. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION <i>0</i>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>10 Aug.</i> , 19 <i>49</i> , to <i>19 Apr</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>19 Apr</i> , 19 <i>52</i> , and that death occurred at <i>4:40 PM.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>Reynold B. H. [illegible]</i>	
23B. ADDRESS <i>501 Cherry Hill Road</i>		23C. DATE SIGNED <i>20 Apr 52</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-23-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn M.D.</i>		24D. LOCATION (City, town, or county) (State) <i>Brooklyn MD</i>		25. FUNERAL DIRECTOR <i>Elroy Wilson 1000 Bunting Ave</i>		26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		27. FUNERAL DIRECTOR <i>Elroy Wilson 1000 Bunting Ave</i>		28. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		29. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3787
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELLA ANDERSON		2. DATE OF DEATH April 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 37 Yrs. Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 910 Sarah Ann Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. - 4 - 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY Restaurant	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) Kent County Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Will Harvey		14. MOTHER'S MAIDEN NAME Blanche Waters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Driver		ADDRESS 772 Sarah Ann Street	

18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Decker</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED April 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/22/1952	24C. NAME OF CEMETERY OR CREMATORY St. Calvary
24D. LOCATION (City, town, or county) Brooklyn Md.	24E. FUNERAL DIRECTOR Elroy Wilson ADDRESS 1000 Grant St	

DATE RECEIVED BY LOCAL REGISTRAR **APR 21 1952** REGISTRAR'S SIGNATURE *Huntington* VS 151

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
BUREAU OF THE CENSUS

1970



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3788
Registered No.

634
BIRTH NO. 52 3788

1. NAME OF DECEASED (Type or Print) MICHAEL BARTHOLOMEY			2. DATE OF DEATH April 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 161 N. Potomac Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/23/1890		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman		10B. KIND OF BUSINESS OR INDUSTRY Balto. Fire Dept.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Bartholomey			14. MOTHER'S MAIDEN NAME Mary Gegerty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war dates of service) yes WWI		16. SOCIAL SECURITY NO. ??	17. INFORMANT ADDRESS Elizabeth Bartholomey 161 N. Potomac		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dunbar</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 19, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/23/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		25. FUNERAL DIRECTOR John A. Moran 3000 E. Balto. St.		

1948

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILE

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

00 52 3789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3789

Registered No.

BIRTH NO. 49-25585

1. NAME OF DECEASED (Type or Print) PATRICIA ELAINE PUGH			2. DATE OF DEATH April 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland St Agnes			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard		
B. FULL NAME OF HOSPITAL OR INSTITUTION St Agnes			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City		
D. STREET ADDRESS (If rural, give location) New Cut Road			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-24-1949		9. AGE (In years last birthday) 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Stanley Pugh			14. MOTHER'S MAIDEN NAME Clisterbelle Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Stanley Pugh, Ellicott City		

CAUSE OF DEATH

18. **E916.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Second and third degree burns of 80% of the body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) New Cut Road, Ellicott City, Md. 6300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/20/52 10:30 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Explosion of coal oil stove	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-22-52	24C. NAME OF CEMETERY OR CREMATORY Good Shepherd	24D. LOCATION (City, town, or county) (State) Ellicott City Md		
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. C. Higinbotham, Ellicott City	

8210

8210

8210

8210

RECEIVED NO. 8210

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

10-1-52

245
52 3790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3790
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Hayes S. Meisling Jr</i>		2. DATE OF DEATH <i>4/20/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>19-03</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>FRANKLIN Square Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>1400 Kuper Place</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2/28/03</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>B. & O. Railroad</i>	
13. FATHER'S NAME <i>Hayes S. Meisling Jr</i>		14. MOTHER'S MAIDEN NAME <i>Mona Titlow</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>105-03-6978</i>	
17. INFORMANT <i>Nettie E. Meisling</i>		ADDRESS <i>1400 Kuper Pl.</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardiovascular disease</i> <i>Nephropathy</i>		(A) <i>Nephrosclerosis, Glomerulonephritis -</i> (B) <i>Generalized Arteriosclerosis -</i> (C) <i>-</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>4/18/52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Nephropathy</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4/18</i> , 19 <i>52</i> , to <i>4/20</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4/20</i> , 19 <i>52</i> , and that death occurred at <i>4 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert E. Chambers</i>		23b. ADDRESS <i>Franklin Square Hosp.</i>	
23c. DATE SIGNED <i>4/20/52</i>			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-23-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>London Park Cem</i>		24d. LOCATION (City, town or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
VS 150		25. FUNERAL DIRECTOR <i>Walter O. B. M. Walters</i>	
		ADDRESS <i>Walter O. B. M. Walters</i>	

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be a list or series of entries, possibly related to a collection or inventory.]

536
52 3791

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3791
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Edna M. Pinder			2. DATE OF DEATH 4/18/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Bon Secours Hospital INSTITUTION 2025 W. Fayette St, Balto-23-Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex 5300		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 155 Riverside Road, Essex-21-Md.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/3/1901	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Maryland.	
13. FATHER'S NAME Louis Rueling			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Robert Pinder			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Infarction	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) DUE TO (B) DUE TO (C) DUE TO	

19A. DATE OF OPERATION 4-18-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-17-52 , 19 52 , to 4-18-52 , 19 52 ; that I last saw the deceased alive on 4-18-52 , 19 52 , and that death occurred at 3:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Andrew J. Hoge		23B. ADDRESS Bon Secours Hosp		23C. DATE SIGNED 4-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 21-1952		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md		25. FUNERAL DIRECTOR John G. Connelly - 418 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.		ADDRESS Balto., 21, Md.	

MEDICAL CERTIFICATION

300 1918

300 1917

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "Total" and "Amount" are faintly visible.]

650
52 3792BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3792

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Alice M BROWN</u>		2. DATE OF DEATH <u>20 April 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>✓</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital of Maryland, Inc</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>13-00</u>	
6. Length of stay in Baltimore <u>50 years</u>		D. STREET ADDRESS (If rural, give location) <u>2434 Eutaw Place #17</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11 Nov. 1895</u>
9. AGE (In years last birthday) <u>56</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11. BIRTHPLACE (State or foreign country) <u>Balto. Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Conrad Eicholtz</u>		14. MOTHER'S MAIDEN NAME <u>Sarah R. Meyers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Clarence A.L. Brown</u>		ADDRESS <u>2434 Eutaw Place</u>	

18. <u>446x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>anemia</u> DUE TO <u>nephrosclerosis</u> DUE TO <u>Hypertension</u>	CAUSE OF DEATH <u>2434 Eutaw Place</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1-2 weeks?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>		

19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>			
21D. TIME (Month) (Day) (Year) (Hour) <u>—</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>3 April</u> , 19 <u>52</u> , to <u>20 April</u> , 19 <u>52</u> that I last saw the deceased alive on <u>20 April</u> , 19 <u>52</u> and that death occurred at <u>0:30 Am.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. Henry F. Henry</u> M.D.		23B. ADDRESS <u>Lutheran Hospital, Balto.</u>		23C. DATE SIGNED <u>4/20/1952</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4-23-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Pikesville Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 21 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Ellsworth Armacost</u> <u>4600 Liberty Heights Ave.</u>

• IV •

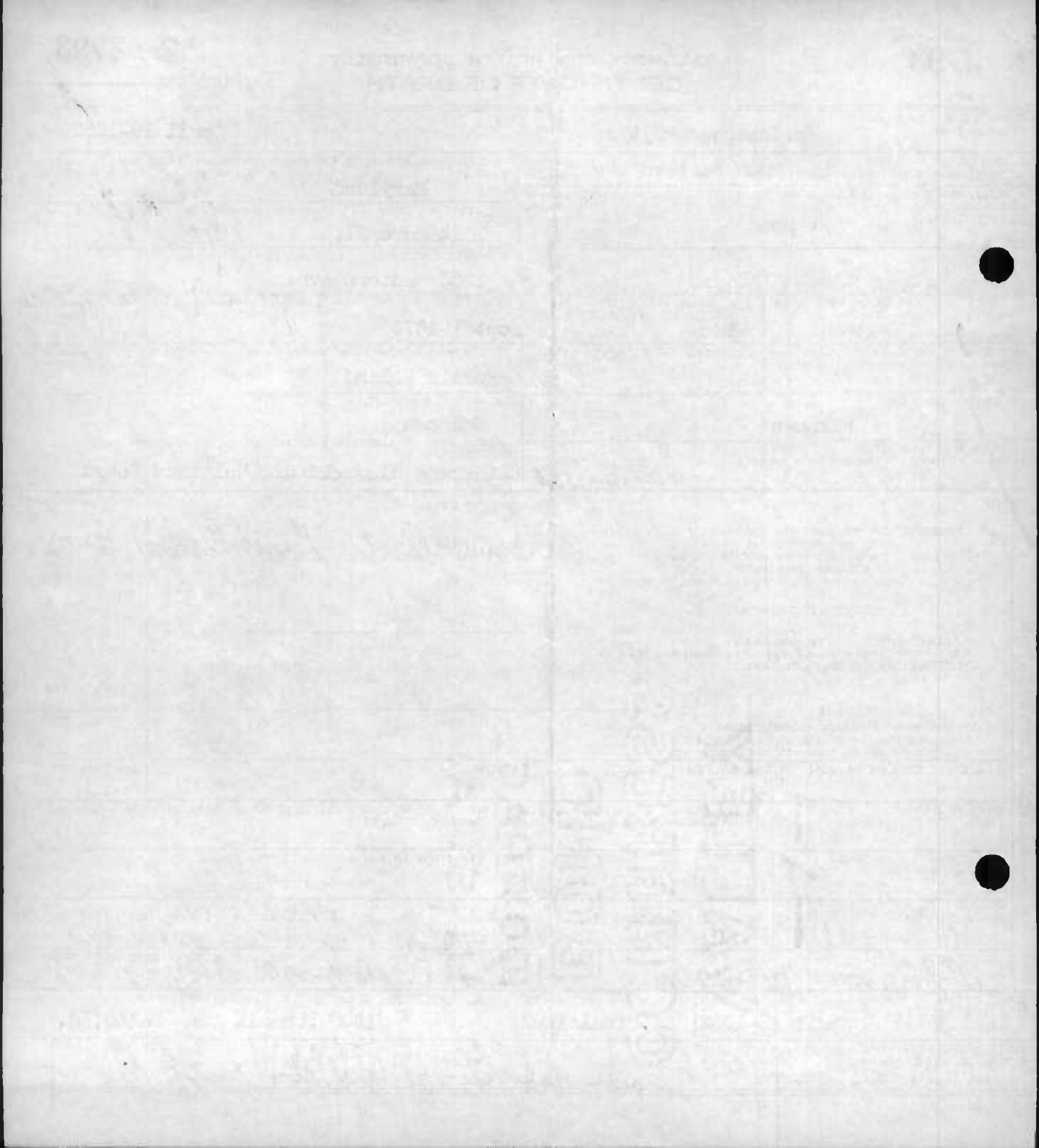
232
2 3793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3793
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mr. Joseph Pajtys		2. DATE OF DEATH April 19-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2205 Eastern Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION At Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 31,			
C. Length of stay in Baltimore 55 yrs		D. STREET ADDRESS (If rural, give location) 2205 Eastern Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 1-1879	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia Poland	
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-14-9558		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-14-9558		17. INFORMANT ADDRESS Catherine Glowacki 524 Holtzman Court	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic Heart Disease		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 18, 1951 to April 19, 1952 , that I last saw the deceased alive on 4/19, 1952 , and that death occurred at 1:35 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Benjamin J. Shetler		23B. ADDRESS 121 S. HIGHLAND AVE.		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 23-1952	24C. NAME OF CEMETERY St. Stanislaus		24D. LOCATION (City, town, or county) (State) 1300 Dundalk Ave Balto, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George A. Weber ADDRESS 705 S. Ann St	

MEDICAL CERTIFICATION



453
AB-156300
52-3794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3794
Registered No.

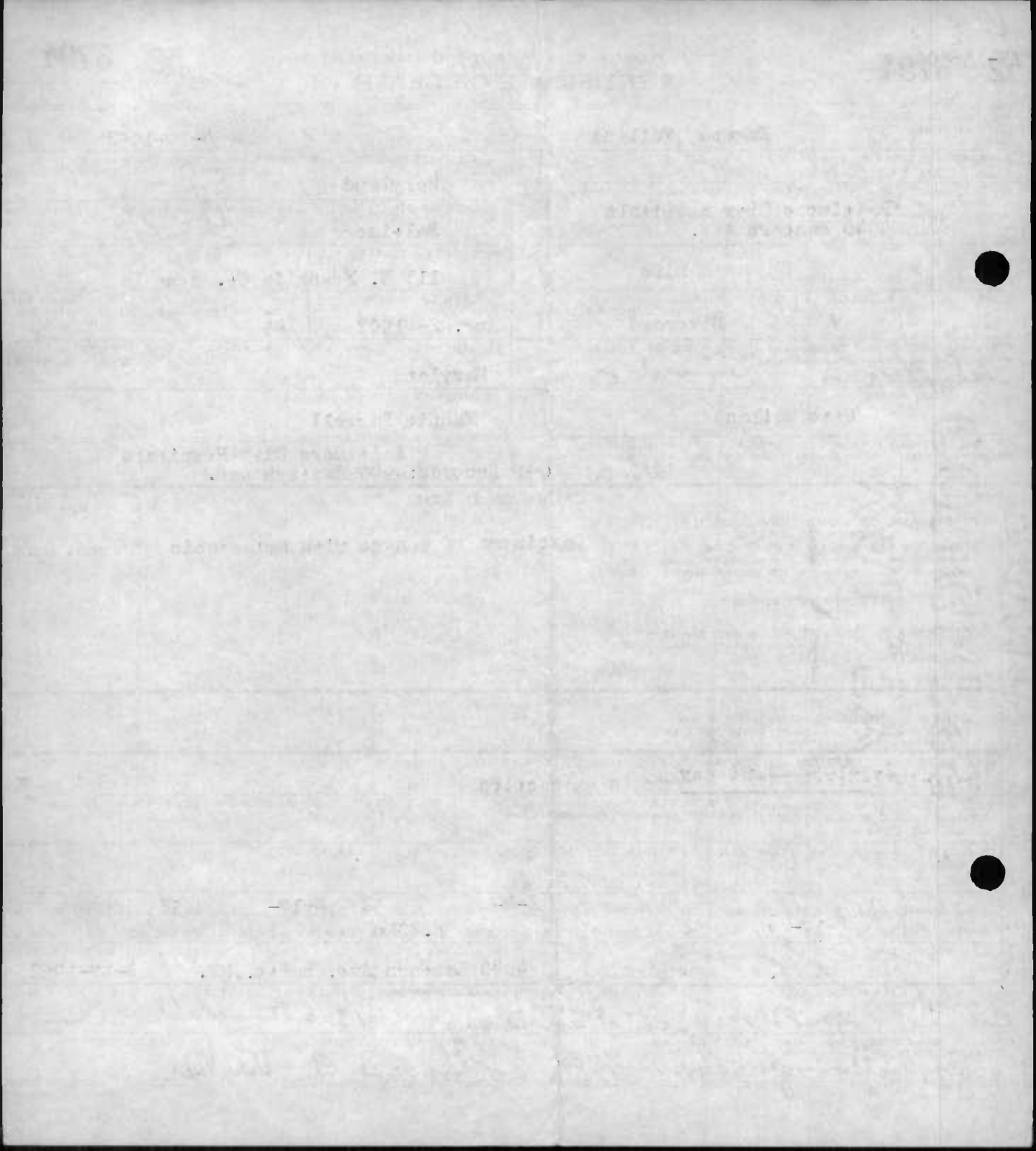
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Eugene Weiland		4-17-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 113 E. Franklin St. zone 13					
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Aug. 2- 1902		9. AGE (In years last birthday) 49		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schaffner				10B. KIND OF BUSINESS OR INDUSTRY Diamond cab.	
11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Otto Weiland				14. MOTHER'S MAIDEN NAME Fannie Farrell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-03-3498		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 141X I Carcinoma of Tongue with metastasis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 3 mos. plus	
19A. DATE OF OPERATION 3-12-1952		19B. MAJOR FINDINGS OF OPERATION Biopsy Teeth extraction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-4-1952 to 4-17-1952, that I last saw the deceased alive on 4-17-1952, and that death occurred at 8:20 PM from the causes and on the date stated above.					
23A. SIGNATURE J.B. Dwyer M.D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 4-17-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 21, 1952		24C. NAME OF CEMETERY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) 1300 Dimmock Ave		25. FUNERAL DIRECTOR George A. Weber		ADDRESS	

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
APR 21 1952
VS 150

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

68254



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3795
Registered No. _____

BIRTH NO. 452 52 3795		1. NAME OF DECEASED (Type or Print) <i>John Wolinski</i>		2. DATE OF DEATH <i>April 20 of 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>410 S. Ann st</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>410 S. Ann st</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan. 76?</i>	9. AGE (in years last birthday) <i>76?</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TAIEX</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia Poland</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Nina Blackwicz 410 S. Ann st</i>	
18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Myocardial Insufficiency</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) <i>Bronchial Asthma</i> DUE TO (C) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>20 yrs.</i> <i>10 yrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>46</i> , to <i>April 20</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>April 19</i> , 19 <i>52</i> , and that death occurred at <i>7 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John V. Sezerbicki</i> M. O.		23B. ADDRESS <i>1802 Eastern Ave</i>		23C. DATE SIGNED <i>4-20-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 23-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Stanislaus</i>	
				24D. LOCATION (City, town, or county) (State) <i>1300 Dunderberg Ave Balto, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>George A Weber 705 S Ann st</i>	

STATE OF NEW YORK
IN SENATE
January 1, 1901

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899
AND
A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1900
ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1901.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 58 3796

200
BIRTH NO. 3796

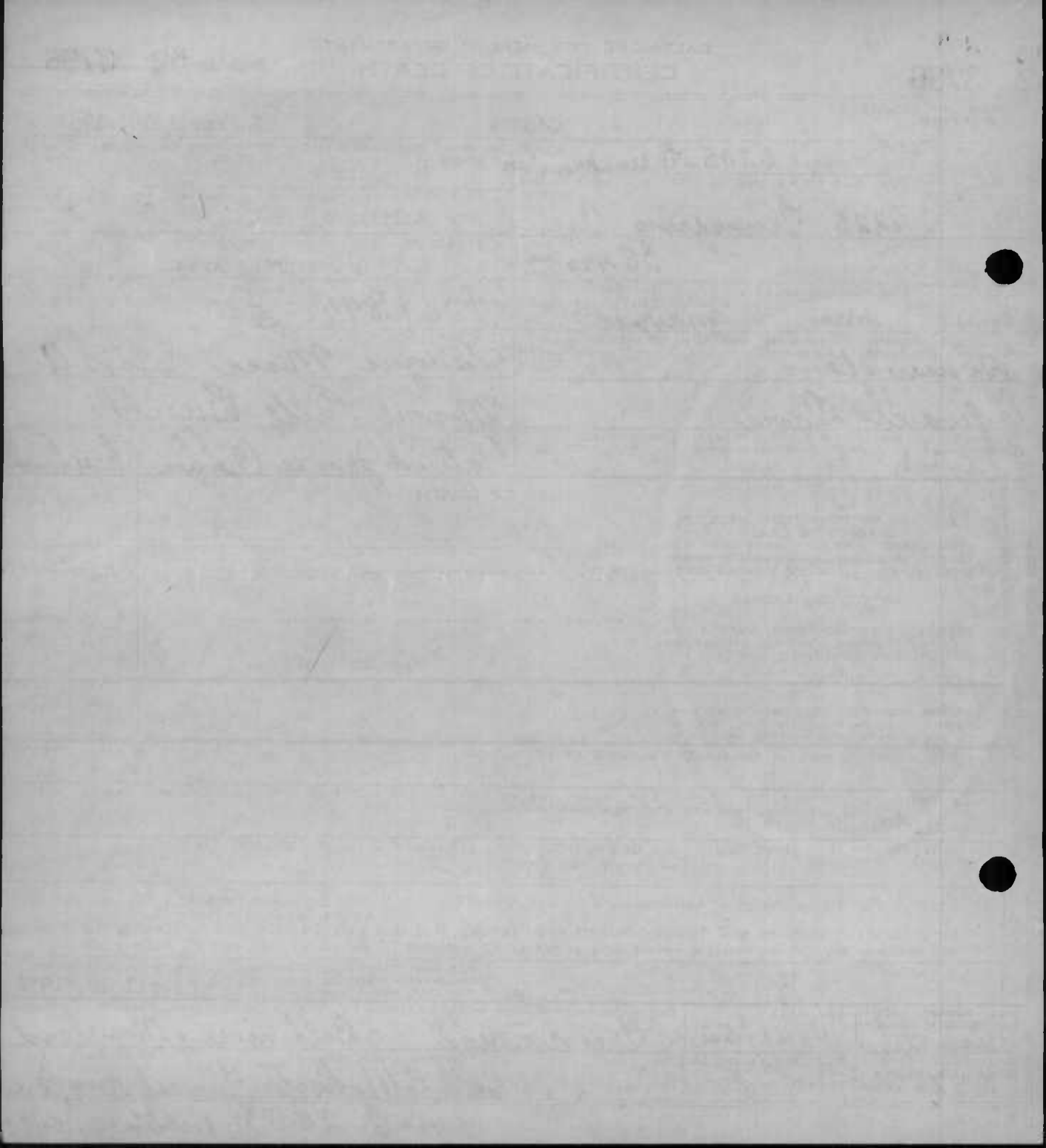
1. NAME OF DECEASED (Type or Print) LENA O'SHEA			2. DATE OF DEATH April 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 6225 - Greenspring Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or location) 6225 - Greenspring Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE 25 yrs			D. STREET ADDRESS (If rural, give location) 6225 Greenspring Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/26/1894		9. AGE (In years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saugus, Mass
12. FATHER'S NAME Edward Davis			14. MOTHER'S MAIDEN NAME Minnie Belle Burill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Patrick James O'Shea (husband)			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunnecker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 19, 1952
24A. DATE CREMATION, INTERVAL (Specify) Crementation	24B. DATE 4/21/52	24C. NAME OF CEMETERY OR CREMATORY Greenmount	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Earl B. Wobertox Funeral Home, Inc.	
ADDRESS 403 - E - 25th St, Baltimore - 18 - Md				



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3797
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James D. Cooke

2. DATE
OF
DEATH

4/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3108 E. Monument St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

Widowed

8. DATE OF BIRTH

Oct 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *592X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Chronic Edema

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

*Chronic Hypertension
& Arteriosclerosis*

1 yr.

-1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Aug 12*, 1951, to *4/18*, 1952, that I last saw the deceased alive on *4/17*, 1952 and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 21 1952

Huntington Williams, M.D.

Wm. Cook Inc. 1217 St. Paul St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3798**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bessie Rea			2. DATE OF DEATH Apr. 20/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 130 S. Patterson Pk			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05		
6. LENGTH OF STAY IN BALTIMORE			D. STREET ADDRESS (If rural, give location) 130 S. Patterson Pk Geo		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. B. DATE OF BIRTH -		11. AGE (in years last birthday) 83.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wif		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) -		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME German Rea			14. MOTHER'S MAIDEN NAME -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS L. M. Green 130 Patterson Pk Geo		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Thrombotic Cardiac		1 wk
ANTECEDENT CAUSES		(B) vascular lesion		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) coronary occlusion		1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **4/2/52**, to **4/20/52**, that I last saw the deceased alive on **4/18/52**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23A. SIGNATURE Fred H. Williams	23B. ADDRESS 130 S. Patterson Pk Geo	23C. DATE SIGNED 4/21/52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 22/52	24C. NAME OF CEMETERY OR CREMATORY London Park	24D. LOCATION (City, town, or county) (State) Baltimore
--	---------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR Fred H. Williams	ADDRESS 1930 Eastern Ave
--	---	---	------------------------------------

NO. 24

RECEIVED
CENTRAL
HOSPITAL

NO. 24

CHARGE - \$1.00

BIRTH NO. 52 163 3799			BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH			Registered No. 52 3799		
1. NAME OF DECEASED (Type or Print) CAROLYN ANN HUBBARD			2. DATE OF DEATH 4/19/52					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1130 N. Carey St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.					
D. STREET ADDRESS (If rural, give location) 1130 N. Carey St.			E. AGE (In years last birthday) 4			F. Under 1 Year Months: Days		
G. Length of stay in Baltimore life			H. Under 24 Hours Hours: Min.					
5. SEX F			6. COLOR OR RACE C			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		
8. DATE OF BIRTH 11/11/47			9. BIRTHPLACE (State or foreign country) Balto. Md.			10. CITIZEN OF WHAT COUNTRY? USA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10B. KIND OF BUSINESS OR INDUSTRY					
11. FATHER'S NAME James Hubbard			12. MOTHER'S MAIDEN NAME Julia Bennett					
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			14. SOCIAL SECURITY NO. none			15. INFORMANT James Hubbard 1130 N. Carey St.		
16. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA			17. INTERVAL BETWEEN ONSET AND DEATH 3 days					
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)								
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy (Private) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .								
23A. SIGNATURE R. F. Fisher			23B. CHIEF MEDICAL EXAMINER M. D.			23C. DATE SIGNED 4/20/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 4/23/52			24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		
24D. LOCATION (City, town, or county) (State) Balto. Md.			25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.			ADDRESS Geo. G. Kelson		
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.					

4

635
52 3800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3800

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Enos Martin		2. DATE OF DEATH 4-17-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
C. Length of stay in Baltimore ?		D. STREET ADDRESS (If rural, give location) 1140 N. Carey St.	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4-2-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.	
13. FATHER'S NAME Robert Martin		14. MOTHER'S MAIDEN NAME Rosie Colma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Ida Martin		ADDRESS 2432 McCulloh St.	

18. 773.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tetanus	CAUSE OF DEATH Tetanus	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bed sore	(B) Bed sore	12 days
(C) hip spica cast following hip fracture		31 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. pneumonia, etc.		

19A. DATE OF OPERATION 3-12-52	19B. MAJOR FINDINGS OF OPERATION malum coxae senilis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) University Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-12 , 19 52 to 4-17 , 19 52 that I last saw the deceased alive on 4-17 , 19 52 and that death occurred at 12:10 P.M. , from the causes and on the date stated above.		
23A. SIGNATURE Ida Martin	23B. ADDRESS University Hospital	23C. DATE SIGNED 4.19.52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/23/52	24C. NAME OF CEMETERY OR CREMATORY St. Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Geo. G. Kelson	ADDRESS 1303 Presston St.

VS 150

97099

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE
William W. Hardy M.D.
CHIEF OR ASST. MEDICAL EXAMINER

3800

620
3801BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3801

Registered No.

BIRTH NO. 51-10482

1. NAME OF DECEASED (Type or Print) <i>Wayne C. Carrick</i>			2. DATE OF DEATH <i>Apr. 19, '52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2021 Hillenwood Rd</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>May 10, 1951</i>	9. AGE (In years last birthday) <i>11</i>	10. Under 1 Year Months: Days <i>9</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>			11. BIRTHPLACE (State or foreign country) <i>Ind.</i>		
13. FATHER'S NAME <i>Charles W. Carrick</i>			12. CITIZEN OF WHAT COUNTRY? <i>Ind.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>754.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchitis</i> DUE TO <i>Coarctation of Aorta</i> DUE TO <i>Coarctation of Aorta</i> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>1 yr</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>4-5-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Patent Ductus Arteriosus</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Apr. 4, 1952</i> to <i>Apr. 19, 1952</i> that I last saw the deceased alive on <i>Apr. 19, 1952</i> and that death occurred at <i>2:30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. M. Higgins</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/22/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mareland Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		24E. FUNERAL DIRECTOR <i>L. J. Rock</i>		24F. ADDRESS <i>7950 S. 305 Waverford Rd</i>	

1000 32

DEPARTMENT OF HEALTH
OFFICE OF THE SECRETARY
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

1000 32

Name of Animal		Breed		Sex		Age		Color		Markings		Date of Birth		Date of Death		Cause of Death		Remarks	
Horse		Thoroughbred		Male		3 years		Bay		White blaze		1910		1911		Colic		Recovered	
Dog		Border Collie		Female		2 years		Black		None		1910		1911		Distemper		Recovered	
Cat		Siamese		Male		1 year		Blue		None		1910		1911		Rabies		Recovered	
Pig		Duroc		Male		4 years		Red		None		1910		1911		Typhoid		Recovered	
Sheep		Wethers		Male		2 years		White		None		1910		1911		Scouring		Recovered	
Goat		Nubian		Female		3 years		White		None		1910		1911		Brucella		Recovered	
Chicken		Cochin		Male		1 year		Red		None		1910		1911		Typhoid		Recovered	
Turkey		Broadwing		Male		2 years		Black		None		1910		1911		Typhoid		Recovered	
Duck		Muscovy		Female		1 year		Black		None		1910		1911		Typhoid		Recovered	
Guinea Pig		Crested		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Rabbit		Dutch		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Fish		Goldfish		Male		1 year		Orange		None		1910		1911		Typhoid		Recovered	
Bird		Parrot		Male		1 year		Blue		None		1910		1911		Typhoid		Recovered	
Insect		Bee		Male		1 year		Black		None		1910		1911		Typhoid		Recovered	
Mammal		Squirrel		Male		1 year		Grey		None		1910		1911		Typhoid		Recovered	
Reptile		Snake		Male		1 year		Black		None		1910		1911		Typhoid		Recovered	
Amphibian		Frog		Male		1 year		Green		None		1910		1911		Typhoid		Recovered	
Plant		Rose		Male		1 year		Red		None		1910		1911		Typhoid		Recovered	
Fungus		Mushroom		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Algae		Seaweed		Male		1 year		Green		None		1910		1911		Typhoid		Recovered	
Protozoa		Amoeba		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Bacteria		Staphylococcus		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Virus		Influenza		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Parasite		Tapeworm		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Microorganism		Mycoplasma		Male		1 year		White		None		1910		1911		Typhoid		Recovered	
Other		Unidentified		Male		1 year		White		None		1910		1911		Typhoid		Recovered	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3802**

520
3802
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carrie A. Fink		2. DATE OF DEATH April 20-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2805 Montebello Terrace		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2805 Montebello Terrace	
A. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 12-1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 67
13. FATHER'S NAME Frank Jarrack		11. BIRTHPLACE (State or foreign country) Reading Pa.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME 2.	
17. INFORMANT Mr. Robert Fink		ADDRESS - same	

18. 416x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Rheumatic Heart Disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 4**, 19**48**, to **Apr. 19**, 19**52**, that I last saw the deceased alive on **Apr. 19**, 19**52**, and that death occurred at **6:05 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE George R. ...	23B. ADDRESS 4808 Harford Rd.	23C. DATE SIGNED 4/21/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/23/52	24C. NAME OF CEMETERY OR CREMATORY Huntington Williams, M.D.
24D. LOCATION (City, town, or county) (State) Ba.	25. FUNERAL DIRECTOR L. J. Ruck	ADDRESS 5305 Harford
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		

MEDICAL CERTIFICATION

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3803
Registered No. _____

120
52 3803
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EUGENE F. HOOPES, JR.			2. DATE OF DEATH April 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1112 E. 36th St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1112 E. 36th St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 9, 1884		9. AGE (in years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wholesale Fish Market			10B. KIND OF BUSINESS OR INDUSTRY Owner		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Eugene F. Hoopes, Sr.			14. MOTHER'S MAIDEN NAME Katie Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mr. E. F. Hoopes, III - 1112 E. 36th St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Recurrent coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 20 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary arteriosclerosis		5 yrs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from April 18, 1952 to April 18, 1952 that I last saw the deceased alive on April 18, 1952 and that death occurred at 11:25 P.m. from the causes and on the date stated above.

23A. SIGNATURE <i>Frederick J. Hollander</i>		23B. ADDRESS 6100 York Rd		23C. DATE SIGNED Apr 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 4/22/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crem.	
				24D. LOCATION (City, town, or county) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Thos J. Pickner & Sons</i>	
				ADDRESS Balto 17, Md.	

29063

Balto 17, Md.

MEDICAL CERTIFICATION

650
3804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3804

1. NAME OF DECEASED (Type or Print) CATHERINE W GREEN		2. DATE OF DEATH APRIL-19-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 605 SCOTT ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY JOHNS HOPKINS	
B. FULL NAME OF HOSPITAL OR INSTITUTION —		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BALTIMORE MD	
C. Length of stay in Baltimore —		D. STREET ADDRESS (If rural, give location) 774 CARROLL ST	
5. SEX FEM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 29-1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER		10B. KIND OF BUSINESS OR INDUSTRY PLAZA THEATER	9. AGE (In years last birthday) 38
13. FATHER'S NAME CLIFT WARREN		11. BIRTHPLACE (State or foreign country) COLUMBIA S.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 818-03-6721		14. MOTHER'S MAIDEN NAME MARY FLYNN	
17. INFORMANT MRS GEO BURKETT-605 SCOTT ST		ADDRESS —	

18. 237 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tumor of Brain.		INTERVAL BETWEEN ONSET AND DEATH 2 months
CAUSE OF DEATH (A) DUE TO —		
ANTECEDENT CAUSES (B) DUE TO —		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) —		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) April 19 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 15** 19**52** to **April 19** 19**52** that I last saw the deceased alive on **April 19** 19**52** and that death occurred at **1:15 AM.** from the causes and on the date stated above.

23A. SIGNATURE **James H. Kates** M. O. **517 Scott St.** 23B. ADDRESS **—** 23C. DATE SIGNED **April 19/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-23-52		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM		24D. LOCATION (City, town, or county) (State) BALTO MD	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Bernard P. Hulse		ADDRESS 121 E West St	

1992

2021-2022

1

18-000000 512

1. Principles of Management

Am. 12-13-14

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3805
Registered No. _____

453
2 3805
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alice Holland</i>		2. DATE OF DEATH <i>April 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1819 W. Mulberry St.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____ C. CITY OR TOWN <i>Balto.</i> D. STREET ADDRESS (If rural, give location) <i>1819 W. Mulberry St.</i>	
c. Length of stay in Baltimore 5. SEX <i>Female</i> 6. COLOR OR RACE <i>Col</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>June 6, 1889</i> 9. AGE (In years last birthday) <i>62</i> 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>David Buckner</i>		14. MOTHER'S MAIDEN NAME <i>Isabelle Lee</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____ 17. INFORMANT <i>Richard Holland</i> ADDRESS <i>1819 W. Mulberry St.</i>	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Hypertensive Cardiac Disease</i> DUE TO _____ (B) <i>Essential Hypertension</i> DUE TO _____ (C) _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *7-20*, 19*51*, to *April 16*, 19*52*, that I last saw the deceased alive on *April 17*, 19*52*, and that death occurred at *1:50 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas W. Harris</i>	23B. ADDRESS <i>1824 W. Franklin St.</i>	23C. DATE SIGNED <i>4-21-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Western Star Cem.</i>
24D. LOCATION (City, town, or county) <i>Catonville</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		25. FUNERAL DIRECTOR ADDRESS <i>322 N. Schroeder St.</i>

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

REGISTERED BY HEALTH DEPARTMENT

1905

1905

1905

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

John H. H. H.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **58-3806**

BIRTH NO. **570 3806**

1. NAME OF DECEASED (Type or Print) JAMES W. THOMAS		2. DATE OF DEATH April 17, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 613 Roundview Road		E. LENGTH OF stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 4, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Burner		9. AGE (In years last birthday) 37	
10B. KIND OF BUSINESS OR INDUSTRY Shipyard		11. BIRTHPLACE (State or foreign country) Washington D.C.	
13. FATHER'S NAME Patrick Thomas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes W.W. II		14. MOTHER'S MAIDEN NAME Lucinda Courtney	
16. SOCIAL SECURITY NO.		17. INFORMANT Ruth Thomas Roundview Rd.	

CAUSE OF DEATH

18. E982X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
(A) Stab wound of the abdomen involving the hepatic artery with massive peritoneal hemorrhage (B) _____ (C) _____	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home (outside)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 613 Roundview Road
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 17, 1952 8:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE <i>William V. Davis</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED April 18, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 18, 1952	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem. Balto. Md.	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>
				ADDRESS Schock St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3807**

**352
525
52 3807**

1. NAME OF DECEASED (Type or Print) Samuel Joseph Adams (Hynson)				2. DATE OF DEATH 4-20-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1546 N. Stricker St.	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1885	9. AGE (In years last birthday) 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (State or foreign country) Talbot Co. Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Adams				14. MOTHER'S MAIDEN NAME Sarah Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Florence Adams 1546 N. Stricker St.	

18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bilateral gangrene of legs		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
18. 450.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-7 , 19 52 to 4-20 , 19 52 , that I last saw the deceased alive on 4-19 , 19 52 , and that death occurred at 2 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Esther Ford		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 4-20-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 23, 1952		24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Balto		24E. NAME OF CEMETERY OR CREMATORY Wt. Auburn Cem		24F. LOCATION (City, town, or county) (State) Balto	
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Mr. Kate Williams	
VS 150		ADDRESS 3224 Schroeder St		97099	

MEDICAL CERTIFICATION

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

1902

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **3808**

600
3808
BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL C. ROYER			2. DATE OF DEATH April 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Howard		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenleg		
D. STREET ADDRESS (If rural, give location) 6300			5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 18-1907		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HOWARD. COUNTY. MD.
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME WILLIAM J. ROYER		
14. MOTHER'S MAIDEN NAME ROSA. GAGE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

1B. E 970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ingestion of overdose of barbiturates DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Glenleg, Maryland
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/20/52 4:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? ingestion of overdose of barbiturates
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE April 23, 52	24C. NAME OF CEMETERY OR CREMATORY mt. Carmel	24D. LOCATION (City, town, or county) (State) unity, Maryland.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ray 9w Barber. Saylorsville Md.

V S 151 **N 971.0**

MEDICAL CERTIFICATION

8938 82

STANDARD VACUUM CO.

8938 82

650
3809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3809
Registered No.

1. NAME OF DECEASED (Type or Print)		Mary H. Green		2. DATE OF DEATH April-19-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 15 Yrs.				D. STREET ADDRESS (If rural, give location) 719 Carolton Ave Apt. A 3 - 11	
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-15-1914	9. AGE (In years last birthday) 37	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Franklin Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charlie Dix			
14. MOTHER'S MAIDEN NAME Tillie Dix		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Green 719 N. Carolton Ave			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH 4-19-52			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December, 1951, to 4-19, 1952, that I last saw the deceased alive on 4/10, 1952, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE H. W. Deane		23B. ADDRESS 1131 Harlem Avenue M. D.		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/22/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md		24E. FUNERAL DIRECTOR Huntington Williams, 1000 Bently ave			
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		VS 150			

0-00

22

RECEIVED FOR THE

CENTRAL OFFICE

100

CAUSE OF DEATH

SECTION OF THE

DEPARTMENT OF

HEALTH AND

WELFARE

OF THE

STATE OF

NEW YORK

1900

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

525
3810BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3810
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Johnson		2. DATE OF DEATH 4/19/1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 17-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION 902 Shields Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 902 Shields Place		Yrs. 20 Mos. Yrs. Days 20	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct-24-1931
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In Grneral	9. AGE (In years last birthday) 20
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jachop Keets		14. MOTHER'S MAIDEN NAME Alverta Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Alverta Johnson		ADDRESS 902 Shields Place	
18. 421.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Valvular Heart Disease DUE TO Aortic Stenosis DUE TO Myocardial Failure DUE TO Myocardial Failure II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 9 9	
19A. DATE OF OPERATION 4-22-1952		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-2 , 19 52 to 4-18 , 19 52 , that I last saw the deceased alive on 4-18 , 19 52 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Robert T. Warrick		23B. ADDRESS 865 Parkman	
23C. DATE SIGNED 4-21-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/22/1952	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Arbutus Md	
DATE RECEIVED BY APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Chas. O. Wilkins		ADDRESS Baltimore	

MEDICAL CERTIFICATION

320
EB-158250
52 3811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3811
Registered No.

1. NAME OF DECEASED (Type or Print) Max Bottke			2. DATE OF DEATH 4-19-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 30 yrs.			D. STREET ADDRESS (If rural, give location) 812 S. Rose Street-zone 24		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 18, 1897	9. AGE (in years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman			10B. KIND OF BUSINESS OR INDUSTRY Cross & Blackwell Co		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? Germany		
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 216-03-0949		
17. INFORMANT Baltimore City Hospitals			ADDRESS Records: 4940 Eastern Avenue		
18. 331X CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage DUE TO					4 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13 , 19 52 , to 4-19 , 19 52 , that I last saw the deceased alive on 4-19 , 19 52 , and that death occurred at 9:30a m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Croger			23B. ADDRESS 4940 Eastern Avenue, Balto., Md.		23C. DATE SIGNED 4-19-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave., Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

VS 150

52342

MEDICAL CERTIFICATION

med. Exam Case Released

52 3812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3812

1. NAME OF DECEASED (Type or Print) <i>Anthony C. Busse</i>		2. DATE OF DEATH <i>April 19, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Acc. Room</i>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 7-03</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>2106 Ashland Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Aug. 31, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dietrick Bros.</i>	9. AGE (In years last birthday) <i>78</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Adam Busse</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Wenkes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>177x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Massive Hematemesis</i> DUE TO <i>Carcinoma of prostate</i> <i>metastatic</i> DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 m</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION		

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-19, 1952</i> , to <i>4-19, 1952</i> that I last saw the deceased alive on <i>500 A</i> , 19 <i>52</i> , and that death occurred at <i>4:35 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Richard S. Ross</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4/30/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Apr. 22, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 21 1952</i>		25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i> <i>2601-315 E. Madison St.</i>	

VS 150 To be approved by med. Examiner

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

A. P. DeLoach M.D.
CHIEF OR ASS'T MEDICAL EXAMINER

1182

1182

1182

1182

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3814
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ARISTIDES STEVE SARIGIANIS			2. DATE OF DEATH April 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4704 Blue Ridge Road			C. CITY OR TOWN (If outside corporate limits, give full name and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4704 Blue Ridge Road			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/15/1892		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Greece	
13. FATHER'S NAME John Sarigianis			14. MOTHER'S MAIDEN NAME Kalliopi		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John Sarigianis 350 ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley H. Duncanson</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/22/52	24C. NAME OF CEMETERY or CREMATORY Greek Community	24D. LOCATION (City, town, or county) (State) Woodlawn Md.		
DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS 40th Cook Inc. 1217 St. Paul St.	

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO

[Faint, mostly illegible text covering the body of the document, possibly a letter or report.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3815

500
52 3815

1. NAME OF DECEASED (Type or Print) DESMOND HANNA		2. DATE OF DEATH Apr 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE North Ireland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION S. Baltimore General		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belfast 24-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 15 Bendview Park	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/6/1934
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice		9. AGE (In years last birthday) 17	
10B. KIND OF BUSINESS OR INDUSTRY Merchant Navy		11. BIRTHPLACE (State or foreign country) Belfast N. Ireland	
13. FATHER'S NAME Albert Hanna		12. CITIZEN OF WHAT COUNTRY? Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Capt. W. G. Haddock S.S. Ramsey Head		ADDRESS	

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to drowning		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Apr 19, 1952		19B. MAJOR FINDINGS OF OPERATION Harbor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 23-3 Baltimore Harbor		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr 19, 1952 P M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Drowned while swimming		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley B. Durelacher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> Apr 20, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/22/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Balto. Co. Md.	

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. C. C. Inc. 1217 St. Paul St.	ADDRESS
--	---	---	---------

V S 151
N 990 x

673 55

MEDICAL CERTIFICATION

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 15th inst.

in relation to the matter of the above named case.

and in reply to inform you that the same has been forwarded to the proper authorities.

for their consideration.

I am, Sir, very respectfully,

Yours very truly,

Wm. H. Smith

Secretary

U. S. Department of the Interior

Washington, D. C.

Very truly yours,

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3816
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET TROWER

2. DATE
OF
DEATH

April 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3023 Rayner Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 4, 1923

9. AGE (in years
last birthday)

28

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse's Aid

10B. KIND OF BUSINESS OR INDUSTRY

Spring Grove Hospital

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Martin

14. MOTHER'S MAIDEN NAME

Eva Blair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Kenneth Trower, 3023 Rayner Avenue

18. 651.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) Acute Uremia

DUE TO Nephron Nephrosis

DUE TO Gas Gangrene Septicemia

DUE TO Perforation of Uretus

~~XXXX~~
B Self induced abortion

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
removal

24B. DATE

4/21/52

24C. NAME OF CEMETERY OR CREMATORY

Logan, West Virginia

24D. LOCATION (City, town, or county)

Logan,

West Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

1	Cotton	L. peruvianum	Cotton	Cotton
2	Cotton	L. peruvianum	Cotton	Cotton
3	Cotton	L. peruvianum	Cotton	Cotton
4	Cotton	L. peruvianum	Cotton	Cotton
5	Cotton	L. peruvianum	Cotton	Cotton
6	Cotton	L. peruvianum	Cotton	Cotton
7	Cotton	L. peruvianum	Cotton	Cotton
8	Cotton	L. peruvianum	Cotton	Cotton
9	Cotton	L. peruvianum	Cotton	Cotton
10	Cotton	L. peruvianum	Cotton	Cotton
11	Cotton	L. peruvianum	Cotton	Cotton
12	Cotton	L. peruvianum	Cotton	Cotton

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3817**

BIRTH NO. **52 3817**

1. NAME OF DECEASED (Type or Print) Ernest Burch			2. DATE OF DEATH 4-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE West Virginia B. COUNTY V-45		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN Parkersburg (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 17 Yrs. 17 Mos. 17 Days			D. STREET ADDRESS (If rural, give location) 2001 Plum St		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Dec. 9, 1882		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Baking Co.	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Robert Burch			14. MOTHER'S MAIDEN NAME Louisa Hartman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Clara Burch - 2001 Plum St. Parkersburg, W. Va.		

<p>18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Uremia</p> <p align="center">DUE TO</p> <p>(B) Lower Nephron Nephrosis</p> <p align="center">DUE TO</p> <p>(C) Carcinomatous</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
	<p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma Tail Pancreas</p>		
	<p>19A. DATE OF OPERATION 4-14-52</p> <p>19B. MAJOR FINDINGS OF OPERATION Carcinomatous</p>		

20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>

22. I hereby certify that I attended the deceased from **4-4-52**, 19**52**, to **4-21**, 19**52** that I last saw the deceased alive on **4-21**, 19**52** and that death occurred at **4:05A** m., from the causes and on the date stated above.

23A. SIGNATURE E. D. Smith	23B. ADDRESS University Hospital	23C. DATE SIGNED 4-21-52
24A. BURIAL, CREMATION, REMOVAL (Specify) removal	24B. DATE 4/21/52	24C. NAME OF CEMETERY OR CREMATORY -
24D. LOCATION (City, town, or county) (State) Parkersburg, W. Va.		

DATE RECEIVED BY LOCAL REGISTRAR APR 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. S. Sicker & Sons	ADDRESS Bethesda Md.
---	--	--	-----------------------------

290 44

1100 50

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY MEDICAL DEPARTMENT
WASHINGTON, D. C. 20315

1100 50

STANDARD FORM NO. 100

OFFICE OF THE CHIEF OF MEDICAL SERVICE
HEADQUARTERS, ARMY MEDICAL DEPARTMENT
WASHINGTON, D. C. 20315
OFFICIAL TELETYPE
UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY MEDICAL DEPARTMENT
WASHINGTON, D. C. 20315

1100 50

1100 50

1100 50

1100 50

1100 50

1100 50

1100 50

34
52 3818BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3818
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Lacy Bradley		2. DATE OF DEATH Apr. 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2933 N. Calvert St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2933 N. Calvert Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 12, 1877
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME James J. Lacy		14. MOTHER'S MAIDEN NAME Catherine Hurley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT J. Lacy Bradley		ADDRESS 220 E. University Pky.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Arteriosclerosis DUE TO Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown
--	---

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to April 19, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 6 PM m., from the causes and on the date stated above.

23A. SIGNATURE Charles R. Goodenough	23B. ADDRESS 2923 St Paul St	23C. DATE SIGNED 4/21/52
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/22/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.
--	-----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR PR 22 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR L. H. Healey & Son	ADDRESS 805 N. Calvert St
---	---	---	-------------------------------------

THE HISTORY OF THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OF THE UNIVERSITY OF OXFORD

IN TWO VOLUMES

VOLUME THE SECOND

LONDON

Printed by J. Streater, at the

Black-Swan, in Strand

1680

By Authority

W. B. Burnet

of the University of Oxford

in Two Volumes

Volume the Second

London

Printed by J. Streater, at the

Black-Swan, in Strand

1680

By Authority

W. B. Burnet

of the University of Oxford

52 3819 *4 copies* *Adams*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH NO. 52 3819 Registered No. 52 3819

1. NAME OF DECEASED (Type or Print) <i>Savilla Brown</i>		2. DATE OF DEATH <i>April 18-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1618 Miller St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> F. COUNTY <i>St. Marys</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore, Md.</i>	
C. Length of stay in Baltimore <i>Several Years</i>		D. STREET ADDRESS (If rural, give location) <i>1618 Miller St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-3</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		11. BIRTHPLACE (State or foreign country) <i>St Marys Co. Md</i>	
13. FATHER'S NAME <i>Robert Smith</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Ernestine Brown 1618 Miller St</i>	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Occlusion</i> DUE TO <i>Coronary Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>7 hrs</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>Feb 26</i> 19 <i>52</i> , to <i>April 18</i> 19 <i>52</i> , that I last saw the deceased alive on <i>April 17</i> 19 <i>52</i> and that death occurred at <i>1 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>F. K. Adams</i>		23B. ADDRESS <i>1222 N. Caroline St</i>	
23C. DATE SIGNED <i>April 21-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/22/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>	
25. FUNERAL DIRECTOR <i>Wilmington Williams</i>		ADDRESS <i>1515 McElderry St</i>	

APR 22 1952

0101

3

AMERICAN AIR MAIL SERVICE

CERTIFICATE OF DELIVERY

0101

3

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

UNITED STATES AIR MAIL SERVICE

POST OFFICE DEPARTMENT

WASHINGTON, D. C.

DATE OF DELIVERY

TO THE ORDER OF THE

655

52 3820

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3820

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERMAN, SAMUEL

2. DATE
OF
DEATH

April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 28-81

D. STREET ADDRESS (If rural, give location)

5446 FAIRLAWN AVE

Length of stay in Baltimore

50 Yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 23, 1891

9. AGE (In years last birthday)

60

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARTENDER

10B. KIND OF BUSINESS OR INDUSTRY

TAVERN

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morris Berman

14. MOTHER'S MAIDEN NAME

Latta Blumberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

216-01-0775

17. INFORMANT

ADDRESS

Rose Berman 5446 Fairlawn Ave

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Hepatic Necrosis

1 wk

ANTECEDENT CAUSES

(A)

DUE TO

Hepatic Carcinoma

3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952 to April 21, 1952 that I last saw the deceased alive on April 21, 1952 and that death occurred at 9 AM, from the causes and on the date stated above.

23A. SIGNATURE

V. Kassel

M. D.

23B. ADDRESS

L. May Boy

23C. DATE SIGNED

Apr 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bobroisker Verein Cemetery Rosedale Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Sol. Lewinson, Bus North ave

VS 150

750 611

MEDICAL CERTIFICATION

52 3821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3821

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL TUCHMAN

2. DATE
OF
DEATH

April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

4201 Granada Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 18, 1883

9. AGE (In years
last birthday)

68

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

cloak shop

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Cecel Tuchman

14. MOTHER'S MAIDEN NAME

Sarah Barenbaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-05-1803

17. INFORMANT

ADDRESS

Mrs. Anna Tuchman- 4201 Granada Avenue

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Broncho Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1952, to April 21, 1952, that I last saw the
deceased alive on Apr. 21, 1952, and that death occurred at 4 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

4/22/52

24C. NAME OF CEMETERY OR CREMATORY

WINDSOR MILL ROAD
Hebrew Young Mens

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR
APR 22 1952

REGISTRAR'S SIGNATURE

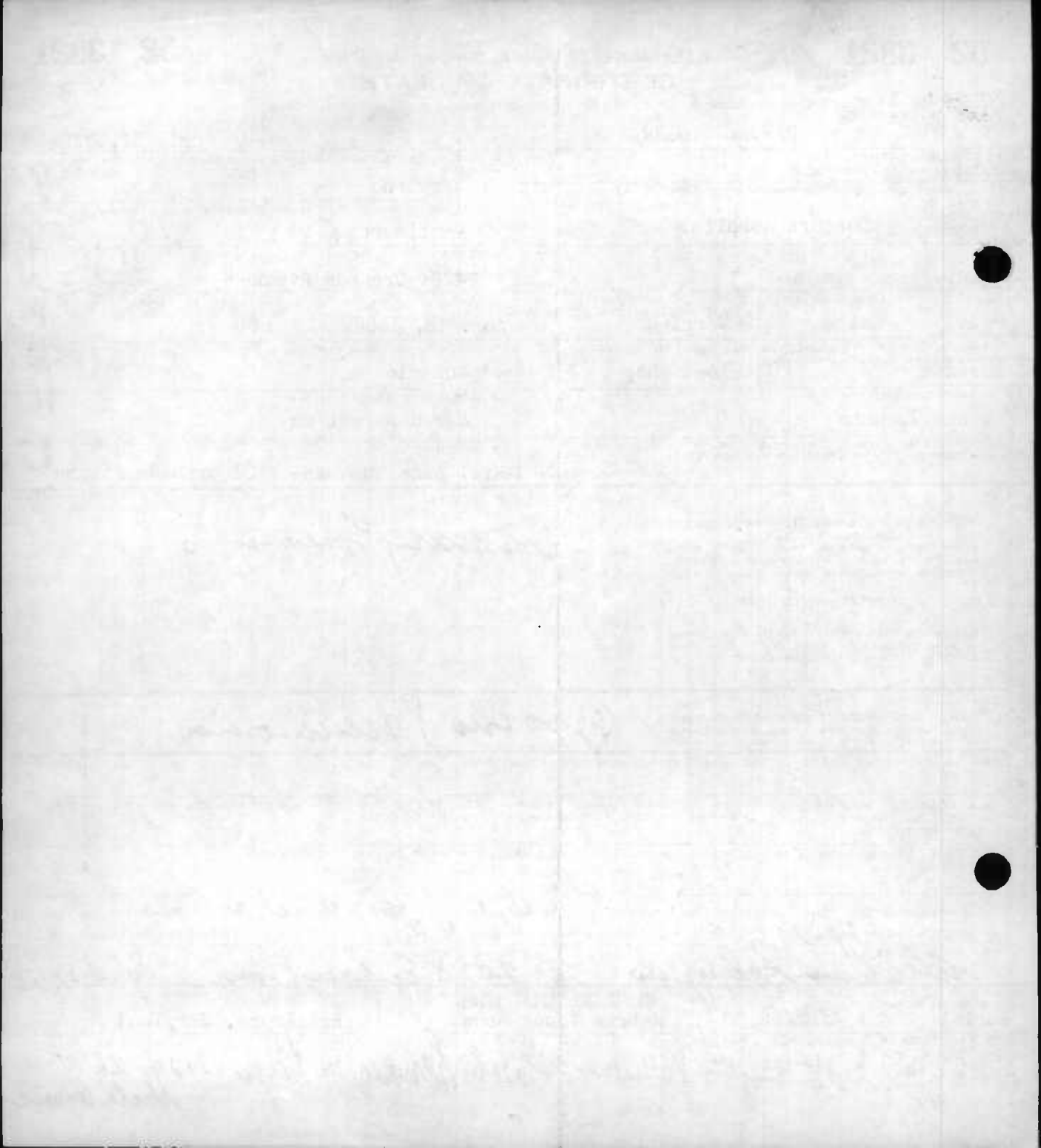
24E. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Sol. Lennor & Bros - 1124-26 W.

North Avenue



52 3822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3822
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSIE WEST

2. DATE
OF DEATH

4-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2802 BAKER ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-06D. STREET ADDRESS (If rural, give location)
2802 BAKER ST.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-9-1892

9. AGE (In years last birthday)

60

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

HOUSE WORK

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

LOYD BOYD Md

14. MOTHER'S MAIDEN NAME

LUCY THOMAS Md.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

DOROTHY FLOYD 2802 BAKER ST.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/3/52 to 4/21/52, that I last saw the deceased alive on 4/20/52, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

7208A

MEDICAL CERTIFICATION

John Edward [unclear]
[unclear] [unclear]
[unclear] [unclear]

1/15/11 to 1/21/11

1/15/11 to 1/21/11

1/15/11 to 1/21/11

- 431
52 3823BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3823

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARY Gold berg		2. DATE OF DEATH 4-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALT 15-10			
C. Length of stay in Baltimore 60 Yrs. 60 Mos. Days		D. STREET ADDRESS (If rural, give location) 3805 Donchester Rd.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-2-85	9. AGE (in years last birthday) 67	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME David		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Goldberg ADDRESS same	
18. 447X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial Insufficiency		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO H.T. C.V. D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO 1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Nephrosclerosis			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-15 , 19 52 to 4-21 , 19 52 , that I last saw the deceased alive on 4-21 , 19 52 , and that death occurred at 9:45 P m., from the causes and on the date stated above.					
23A. SIGNATURE Miriam J. Rosenberg M. D.		23B. ADDRESS Health - Hosp.		23C. DATE SIGNED 4-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-22-52		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) Balto		24E. (State) Md		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 3100 Canton Pl	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 3100 Canton Pl	

TO: SAC, NEW YORK (100-100000)

FROM: SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA LILLY WURACH

2. DATE
OF

DEATH April 19, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

733 W. Pratt St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 20, 1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Emil Wurach

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Clarence A. Reinhardt, 2719 Tivoly
Ave.

18. 422.1 and E 904.0 CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

ANTECEDENT CAUSES

Arteriosclerotic cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of ribs, nose and skull

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

733 W. Pratt Street

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

April 19, 1952

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21f. HOW DID INJURY OCCUR?

Apparently fell in home

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

Stanley S. Dunsicker M.D.

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

April 19, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24b. DATE

4/22/52

24c. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook, Inc., 1217 St. Paul Street

VS 151

N-804.2

• J. J. J. •

525
52 3825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3825
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALBERT FINNEGAN		2. DATE OF DEATH April 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR St. Joseph's Hospital INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1519 Holbrook Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 13, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Albert W. Finnegan		14. MOTHER'S MAIDEN NAME Ivy Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) yes W. W. I		16. SOCIAL SECURITY NO.	
17. INFORMANT Dorothy H. Finnegan, 1519 Holbrook St.		ADDRESS	

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Artery Sclerosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23c. DATE SIGNED
4/21/5224A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

4/24/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Mr. Cook, Inc.

ADDRESS

1217 St. Paul Street

2000

8

CERTIFICATE OF TEST

No. of Test		Date of Test		Name of Tester	
Description of Test		Result of Test		Remarks	
1. General Appearance		2. Color		3. Odor	
4. Taste		5. Solubility		6. Stability	
7. pH		8. Viscosity		9. Density	
10. Refractive Index		11. Specific Gravity		12. Boiling Point	
13. Freezing Point		14. Melting Point		15. Crystallization	
16. Solubility in Water		17. Solubility in Alcohol		18. Solubility in Ether	
19. Solubility in Benzene		20. Solubility in Chloroform		21. Solubility in Carbon Tetrachloride	
22. Solubility in Nitrobenzene		23. Solubility in Toluene		24. Solubility in Xylene	
25. Solubility in Methyl Alcohol		26. Solubility in Ethyl Alcohol		27. Solubility in Propyl Alcohol	
28. Solubility in Butyl Alcohol		29. Solubility in Amyl Alcohol		30. Solubility in Hexyl Alcohol	
31. Solubility in Octyl Alcohol		32. Solubility in Dodecyl Alcohol		33. Solubility in Stearyl Alcohol	
34. Solubility in Myristyl Alcohol		35. Solubility in Cetyl Alcohol		36. Solubility in Behenyl Alcohol	
37. Solubility in Squalene		38. Solubility in Lanolin		39. Solubility in Vaseline	
40. Solubility in Petroleum Jelly		41. Solubility in Paraffin		42. Solubility in Asphaltum	
43. Solubility in Rosin		44. Solubility in Gum Arabic		45. Solubility in Tragacanth	
46. Solubility in Benzoin		47. Solubility in Myrror		48. Solubility in Sassafras	
49. Solubility in Storace		50. Solubility in Benzoin		51. Solubility in Myrror	
52. Solubility in Sassafras		53. Solubility in Storace		54. Solubility in Benzoin	
55. Solubility in Myrror		56. Solubility in Sassafras		57. Solubility in Storace	
58. Solubility in Benzoin		59. Solubility in Myrror		60. Solubility in Sassafras	
61. Solubility in Storace		62. Solubility in Benzoin		63. Solubility in Myrror	
64. Solubility in Sassafras		65. Solubility in Storace		66. Solubility in Benzoin	
67. Solubility in Myrror		68. Solubility in Sassafras		69. Solubility in Storace	
70. Solubility in Benzoin		71. Solubility in Myrror		72. Solubility in Sassafras	
73. Solubility in Storace		74. Solubility in Benzoin		75. Solubility in Myrror	
76. Solubility in Sassafras		77. Solubility in Storace		78. Solubility in Benzoin	
79. Solubility in Myrror		80. Solubility in Sassafras		81. Solubility in Storace	
82. Solubility in Benzoin		83. Solubility in Myrror		84. Solubility in Sassafras	
85. Solubility in Storace		86. Solubility in Benzoin		87. Solubility in Myrror	
88. Solubility in Sassafras		89. Solubility in Storace		90. Solubility in Benzoin	
91. Solubility in Myrror		92. Solubility in Sassafras		93. Solubility in Storace	
94. Solubility in Benzoin		95. Solubility in Myrror		96. Solubility in Sassafras	
97. Solubility in Storace		98. Solubility in Benzoin		99. Solubility in Myrror	
100. Solubility in Sassafras		101. Solubility in Storace		102. Solubility in Benzoin	
103. Solubility in Myrror		104. Solubility in Sassafras		105. Solubility in Storace	
106. Solubility in Benzoin		107. Solubility in Myrror		108. Solubility in Sassafras	
109. Solubility in Storace		110. Solubility in Benzoin		111. Solubility in Myrror	
112. Solubility in Sassafras		113. Solubility in Storace		114. Solubility in Benzoin	
115. Solubility in Myrror		116. Solubility in Sassafras		117. Solubility in Storace	
118. Solubility in Benzoin		119. Solubility in Myrror		120. Solubility in Sassafras	
121. Solubility in Storace		122. Solubility in Benzoin		123. Solubility in Myrror	
124. Solubility in Sassafras		125. Solubility in Storace		126. Solubility in Benzoin	
127. Solubility in Myrror		128. Solubility in Sassafras		129. Solubility in Storace	
128. Solubility in Benzoin		129. Solubility in Myrror		130. Solubility in Sassafras	
129. Solubility in Storace		130. Solubility in Benzoin		131. Solubility in Myrror	
130. Solubility in Sassafras		131. Solubility in Storace		132. Solubility in Benzoin	
131. Solubility in Myrror		132. Solubility in Sassafras		133. Solubility in Storace	
132. Solubility in Benzoin		133. Solubility in Myrror		134. Solubility in Sassafras	
133. Solubility in Storace		134. Solubility in Benzoin		135. Solubility in Myrror	
134. Solubility in Sassafras		135. Solubility in Storace		136. Solubility in Benzoin	
135. Solubility in Myrror		136. Solubility in Sassafras		137. Solubility in Storace	
136. Solubility in Benzoin		137. Solubility in Myrror		138. Solubility in Sassafras	
137. Solubility in Storace		138. Solubility in Benzoin		139. Solubility in Myrror	
138. Solubility in Sassafras		139. Solubility in Storace		140. Solubility in Benzoin	
139. Solubility in Myrror		140. Solubility in Sassafras		141. Solubility in Storace	
140. Solubility in Benzoin		141. Solubility in Myrror		142. Solubility in Sassafras	
141. Solubility in Storace		142. Solubility in Benzoin		143. Solubility in Myrror	
142. Solubility in Sassafras		143. Solubility in Storace		144. Solubility in Benzoin	
143. Solubility in Myrror		144. Solubility in Sassafras		145. Solubility in Storace	
144. Solubility in Benzoin		145. Solubility in Myrror		146. Solubility in Sassafras	
145. Solubility in Storace		146. Solubility in Benzoin		147. Solubility in Myrror	
146. Solubility in Sassafras		147. Solubility in Storace		148. Solubility in Benzoin	
147. Solubility in Myrror		148. Solubility in Sassafras		149. Solubility in Storace	
148. Solubility in Benzoin		149. Solubility in Myrror		150. Solubility in Sassafras	
149. Solubility in Storace		150. Solubility in Benzoin		151. Solubility in Myrror	
150. Solubility in Sassafras		151. Solubility in Storace		152. Solubility in Benzoin	
151. Solubility in Myrror		152. Solubility in Sassafras		153. Solubility in Storace	
152. Solubility in Benzoin		153. Solubility in Myrror		154. Solubility in Sassafras	
153. Solubility in Storace		154. Solubility in Benzoin		155. Solubility in Myrror	
154. Solubility in Sassafras		155. Solubility in Storace		156. Solubility in Benzoin	
155. Solubility in Myrror		156. Solubility in Sassafras		157. Solubility in Storace	
156. Solubility in Benzoin		157. Solubility in Myrror		158. Solubility in Sassafras	
157. Solubility in Storace		158. Solubility in Benzoin		159. Solubility in Myrror	
158. Solubility in Sassafras		159. Solubility in Storace		160. Solubility in Benzoin	
159. Solubility in Myrror		160. Solubility in Sassafras		161. Solubility in Storace	
160. Solubility in Benzoin		161. Solubility in Myrror		162. Solubility in Sassafras	
161. Solubility in Storace		162. Solubility in Benzoin		163. Solubility in Myrror	
162. Solubility in Sassafras		163. Solubility in Storace		164. Solubility in Benzoin	
163. Solubility in Myrror		164. Solubility in Sassafras		165. Solubility in Storace	
164. Solubility in Benzoin		165. Solubility in Myrror		166. Solubility in Sassafras	
165. Solubility in Storace		166. Solubility in Benzoin		167. Solubility in Myrror	
166. Solubility in Sassafras		167. Solubility in Storace		168. Solubility in Benzoin	
167. Solubility in Myrror		168. Solubility in Sassafras		169. Solubility in Storace	
168. Solubility in Benzoin		169. Solubility in Myrror		170. Solubility in Sassafras	
169. Solubility in Storace		170. Solubility in Benzoin		171. Solubility in Myrror	
170. Solubility in Sassafras		171. Solubility in Storace		172. Solubility in Benzoin	
171. Solubility in Myrror		172. Solubility in Sassafras		173. Solubility in Storace	
172. Solubility in Benzoin		173. Solubility in Myrror		174. Solubility in Sassafras	
173. Solubility in Storace		174. Solubility in Benzoin		175. Solubility in Myrror	
174. Solubility in Sassafras		175. Solubility in Storace		176. Solubility in Benzoin	
175. Solubility in Myrror		176. Solubility in Sassafras		177. Solubility in Storace	
176. Solubility in Benzoin		177. Solubility in Myrror		178. Solubility in Sassafras	
177. Solubility in Storace		178. Solubility in Benzoin		179. Solubility in Myrror	
178. Solubility in Sassafras		179. Solubility in Storace		180. Solubility in Benzoin	
179. Solubility in Myrror		180. Solubility in Sassafras		181. Solubility in Storace	
180. Solubility in Benzoin		181. Solubility in Myrror		182. Solubility in Sassafras	
181. Solubility in Storace		182. Solubility in Benzoin		183. Solubility in Myrror	
182. Solubility in Sassafras		183. Solubility in Storace		184. Solubility in Benzoin	
183. Solubility in Myrror		184. Solubility in Sassafras		185. Solubility in Storace	
184. Solubility in Benzoin		185. Solubility in Myrror		186. Solubility in Sassafras	
185. Solubility in Storace		186. Solubility in Benzoin		187. Solubility in Myrror	
186. Solubility in Sassafras		187. Solubility in Storace		188. Solubility in Benzoin	
187. Solubility in Myrror		188. Solubility in Sassafras		189. Solubility in Storace	
188. Solubility in Benzoin		189. Solubility in Myrror		190. Solubility in Sassafras	
189. Solubility in Storace		190. Solubility in Benzoin		191. Solubility in Myrror	
190. Solubility in Sassafras		191. Solubility in Storace		192. Solubility in Benzoin	
191. Solubility in Myrror		192. Solubility in Sassafras		193. Solubility in Storace	
192. Solubility in Benzoin		193. Solubility in Myrror		194. Solubility in Sassafras	
193. Solubility in Storace		194. Solubility in Benzoin		195. Solubility in Myrror	
194. Solubility in Sassafras		195. Solubility in Storace		196. Solubility in Benzoin	
195. Solubility in Myrror		196. Solubility in Sassafras		197. Solubility in Storace	
196. Solubility in Benzoin		197. Solubility in Myrror		198. Solubility in Sassafras	
197. Solubility in Storace		198. Solubility in Benzoin		199. Solubility in Myrror	
198. Solubility in Sassafras		199. Solubility in Storace		200. Solubility in Benzoin	
199. Solubility in Myrror		200. Solubility in Sassafras		201. Solubility in Storace	
200. Solubility in Benzoin		201. Solubility in Myrror		202. Solubility in Sassafras	
201. Solubility in Storace		202. Solubility in Benzoin		203. Solubility in Myrror	
202. Solubility in Sassafras		203. Solubility in Storace		204. Solubility in Benzoin	
203. Solubility in Myrror		204. Solubility in Sassafras		205. Solubility in Storace	
204. Solubility in Benzoin		205. Solubility in Myrror		206. Solubility in Sassafras	
205. Solubility in Storace		206. Solubility in Benzoin		207. Solubility in Myrror	
206. Solubility in Sassafras		207. Solubility in Storace		208. Solubility in Benzoin	
207. Solubility in Myrror		208. Solubility in Sassafras		209. Solubility in Storace	
208. Solubility in Benzoin		209. Solubility in Myrror		210. Solubility in Sassafras	
209. Solubility in Storace		210. Solubility in Benzoin		211. Solubility in Myrror	
210. Solubility in Sassafras		211. Solubility in Storace		212. Solubility in Benzoin	
211. Solubility in Myrror		212. Solubility in Sassafras		213. Solubility in Storace	
212. Solubility in Benzoin		213. Solubility in Myrror		214. Solubility in Sassafras	
213. Solubility in Storace		214. Solubility in Benzoin		215. Solubility in Myrror	
214. Solubility in Sassafras		215. Solubility in Storace		216. Solubility in Benzoin	
215. Solubility in Myrror		216. Solubility in Sassafras		217. Solubility in Storace	
216. Solubility in Benzoin		217. Solubility in Myrror		218. Solubility in Sassafras	
217. Solubility in Storace		218. Solubility in Benzoin		219. Solubility in Myrror	
218. Solubility in Sassafras		219. Solubility in Storace		220. Solubility in Benzoin	
219. Solubility in Myrror		220. Solubility in Sassafras		221. Solubility in Storace	
220. Solubility in Benzoin		221. Solubility in Myrror		222. Solubility in Sassafras	
221. Solubility in Storace		222. Solubility in Benzoin		223. Solubility in Myrror	
222. Solubility in Sassafras		223. Solubility in Storace		224. Solubility in Benzoin	
223. Solubility in Myrror		224. Solubility in Sassafras		225. Solubility in Storace	
224. Solubility in Benzoin		225. Solubility in Myrror		226. Solubility in Sassafras	
225. Solubility in Storace		226. Solubility in Benzoin		227. Solubility in Myrror	
226. Solubility in Sassafras		227. Solubility in Storace		228. Solubility in Benzoin	
227. Solubility in Myrror		228. Solubility in Sassafras		229. Solubility in Storace	
228. Solubility in Benzoin		229. Solubility in Myrror		230. Solubility in Sassafras	
229. Solubility in Storace		230. Solubility in Benzoin		231. Solubility in Myrror	
230. Solubility in Sassafras		231. Solubility in Storace		232. Solubility in Benzoin	
231. Solubility in Myrror		232. Solubility in Sassafras		233. Solubility in Storace	
232. Solubility in Benzoin		233. Solubility in Myrror		234. Solubility in Sassafras	
233. Solubility in Storace		234. Solubility in Benzoin		235. Solubility in Myrror	
234. Solubility in Sassafras		235. Solubility in Storace		236. Solubility in Benzoin	
235. Solubility in Myrror		236. Solubility in Sassafras		237. Solubility in Storace	
236. Solubility in Benzoin		237. Solubility in Myrror		238. Solubility in Sassafras	
237. Solubility in Storace		238. Solubility in Benzoin		239. Solubility in Myrror	
238. Solubility in Sassafras		239. Solubility in Storace		240. Solubility in Benzoin	
239. Solubility in Myrror		240. Solubility in Sassafras		241. Solubility in Storace	
240. Solubility in Benzoin		241. Solubility in Myrror		242. Solubility in Sassafras	
241. Solubility in Storace		242. Solubility in Benzoin		243. Solubility in Myrror	
242. Solubility in Sassafras		243. Solubility in Storace		244. Solubility in Benzoin	
243. Solubility in Myrror		244. Solubility in Sassafras		245. Solubility in Storace	
244. Solubility in Benzoin		245. Solubility in Myrror		246. Solubility in Sassafras	
245. Solubility in Storace		246. Solubility in Benzoin		247. Solubility in Myrror	
246. Solubility in Sassafras		247. Solubility in Storace		248. Solubility in Benzoin	
247. Solubility in Myrror		248. Solubility in Sassafras		249. Solubility in Storace	
248. Solubility in Benzoin		249. Solubility in Myrror		250. Solubility in Sassafras	
249. Solubility in Storace		250. Solubility in Benzoin		251. Solubility in Myrror	
250. Solubility in Sassafras		251. Solubility in Storace		252. Solubility in Benzoin	
251. Solubility in Myrror		252. Solubility in Sassafras		253. Solubility in Storace	
252. Solubility in Benzoin		253. Solubility in Myrror		254. Solubility in Sassafras	
253. Solubility in Storace		254. Solubility in Benzoin		255. Solubility in Myrror	
254. Solubility in Sassafras		255. Solubility in Storace		256. Solubility in Benzoin	
255. Solubility in Myrror		256. Solubility in Sassafras		257. Solubility in Storace	
256. Solubility in Benzoin		257. Solubility in Myrror		258. Solubility in Sassafras	
257. Solubility in Storace		258. Solubility in Benzoin		259. Solubility in Myrror	
258. Solubility in Sassafras		259. Solubility in Storace		260. Solubility in Benzoin	
259. Solubility in Myrror		260. Solubility in Sassafras		261. Solubility in Storace	
260. Solubility in Benzoin		261. Solubility in Myrror		262. Solubility in Sassafras	
261. Solubility in Storace		262. Solubility in Benzoin		263. Solubility in Myrror	
262. Solubility in Sassafras		263. Solubility in Storace		264. Solubility in Benzoin	
263. Solubility in Myrror		264. Solubility in Sassafras		265. Solubility in Storace	
264. Solubility in Benzoin		265. Solubility in Myrror		266. Solubility in Sassafras	
265. Solubility in Storace		266. Solubility in Benzoin		267. Solubility in Myrror	
266. Solubility in Sassafras		267. Solubility in Storace		268. Solubility in Benzoin	
267. Solubility in Myrror		268. Solubility in Sassafras		269. Solubility in Storace	
268. Solubility in Benzoin		269. Solubility in Myrror		270. Solubility in Sassafras	
269. Solubility in Storace		270. Solubility in Benzoin		271. Solubility in Myrror	
270. Solubility in Sassafras		271. Solubility in Storace		272. Solubility in Benzoin	
271. Solubility in Myrror		272. Solubility in Sassafras		273. Solubility in Storace	
272. Solubility in Benzoin		273. Solubility in Myrror		274. Solubility in Sassafras	
273. Solubility in Storace		274. Solubility in Benzoin		275. Solubility in Myrror	
274. Solubility in Sassafras		275. Solubility in Storace		276. Solubility in Benzoin	
275. Solubility in Myrror		276. Solubility in Sassafras		277. Solubility in Storace	
276. Solubility in Benzoin		277. Solubility in Myrror		278. Solubility in Sassafras	
277. Solubility in Storace		278. Solubility in Benzoin		279. Solubility in Myrror	
278. Solubility in Sassafras		279. Solubility in Storace		280. Solubility in Benzoin	
279. Solubility in Myrror		280. Solubility in Sassafras		281. Solubility in Storace	
280. Solubility in Benzoin		281. Solubility in Myrror		282. Solubility in Sassafras	
281. Solubility in Storace		282. Solubility in Benzoin		283. Solubility in Myrror	
282. Solubility in Sassafras		283. Solubility in Storace		284. Solubility in Benzoin	
283. Solubility in Myrror		284. Solubility in Sassafras		285. Solubility in Storace	
284. Solubility in Benzoin		285. Solubility in Myrror		286. Solubility in Sassafras	
285. Solubility in Storace		286. Solubility in Benzoin		287. Solubility in Myrror	
286. Solubility in Sassafras		287. Solubility in Storace		288. Solubility in Benzoin	
287. Solubility in Myrror		288. Solubility in Sassafras		289. Solubility in Storace	
288. Solubility in Benzoin		289. Solubility in Myrror		290. Solubility in Sassafras	
289. Solubility in Storace		290. Solubility in Benzoin		291. Solubility in Myrror	
290. Solubility in Sassafras		291. Solubility in Storace		292. Solubility in Benzoin	
291. Solubility in Myrror		292. Solubility in Sassafras		293. Solubility in Storace	
292. Solubility in Benzoin		293. Solubility in Myrror		294. Solubility in Sassafras	
293. Solubility in Storace		294. Solubility in Benzoin		295. Solubility in Myrror	
294. Solubility in Sassafras		295. Solubility in Storace			

B-5200

52 3826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3826
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas H. Bowen Jr

2. DATE
OF
DEATH

4/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5334 Maple Ave. Pimlico

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 27-17

D. STREET ADDRESS (If rural, give location)

5334 Maple Ave. - Pimlico

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co

13. FATHER'S NAME

Thomas H. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-05-5647

17. INFORMANT

Mrs. Betty Bowen 5334 Maple Ave.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Arthritis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951 to April 20, 1952, that I last saw the deceased alive on April 20, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Abraham Schapiro

M. D.

23B. ADDRESS

2028 Eutan Place

23C. DATE SIGNED

Apr. 20, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/22/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

VS 150

5235E

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

No.	Name of Plant	Origin	Date of Collection	Collector
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

5-436
52 3827BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3827

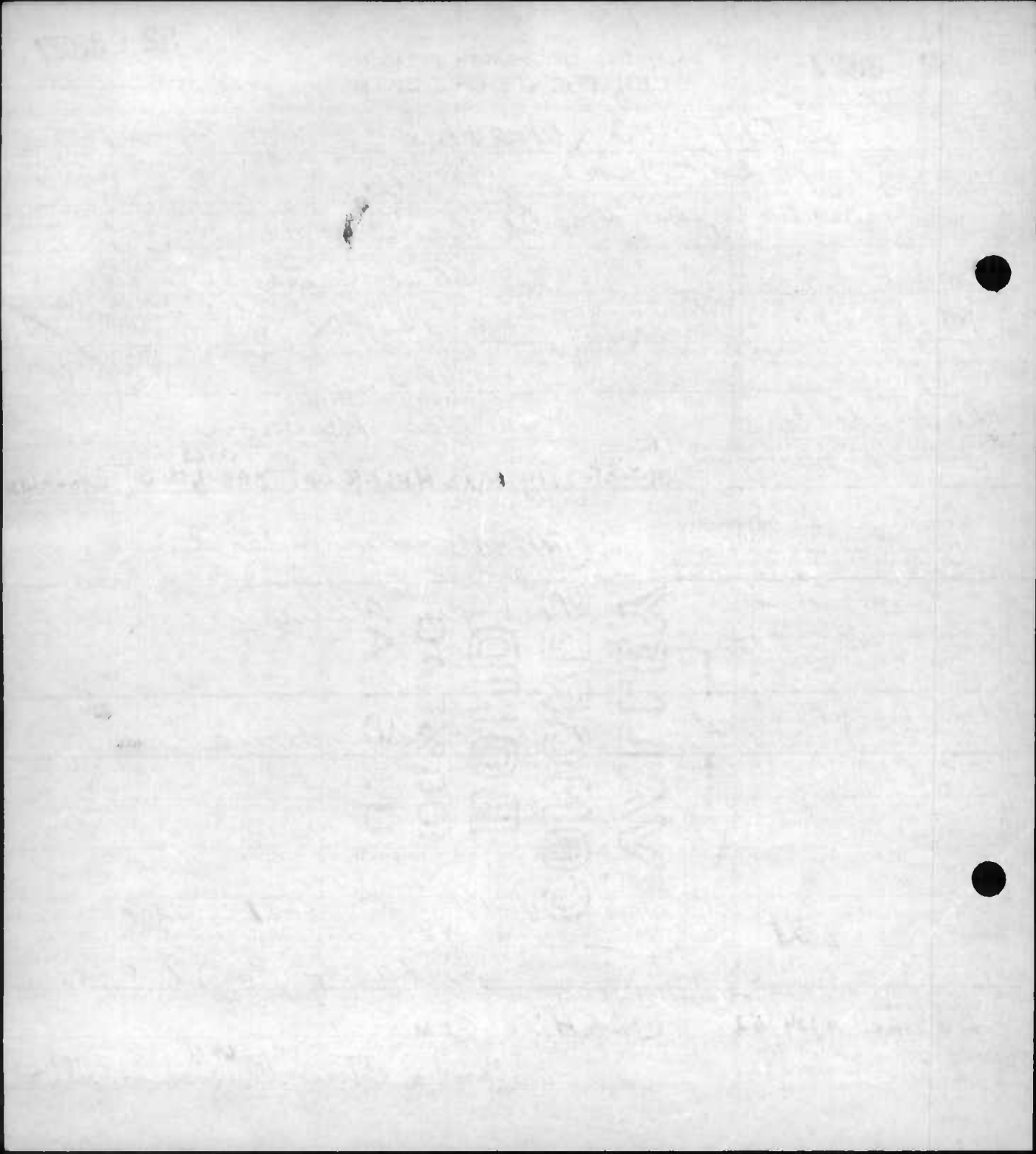
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SELTERS Charles		2. DATE OF DEATH 4-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04	
D. STREET ADDRESS (If rural, give location) 3563 Sixth St.		Yrs. Mos. Days	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-29-1908	
9. AGE (In years last birthday) 43		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10B. KIND OF BUSINESS OR INDUSTRY Garment Industry	
13. FATHER'S NAME Charles Sellers		14. MOTHER'S MAIDEN NAME Ella Hudson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 36-05-7714	
17. INFORMANT Mrs Helen Sellers		ADDRESS 4th ST Brooklyn	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardium Infarction DUE TO Coronary Occlusion ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Pulmonary edema (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 4-21-52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-18 19 52 to 4-21 19 52 that I last saw the deceased alive on 4-21 19 52 and that death occurred at 940 m., from the causes and on the date stated above.			
23A. SIGNATURE Franklin S. Hospital		23B. ADDRESS Franklin Sq. Hospital	
23C. DATE SIGNED 4-21-52			
24A. BURIAL / CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/24/52	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill CEM		24D. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR Charles P. Towell		ADDRESS 6411 Windsor Mill Rd	

VS 150

5235E



T-635-
52 3828BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3828

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary C Trantwein

2. DATE
OF
DEATH

April 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 539 N Kenwood

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

7-01

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

539 N Kenwood Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED;

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

Female

White

widow

April 19/1882

69

11

29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Alice Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geo Trantwein 539 N Kenwood

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Lung (right)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Oct 1951, to 4-18, 1952, that I last saw the deceased alive on 4-18, 1952, and that death occurred at 9:38 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William L. Leavoy

M. D.

3025 Belair Road

4-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Bural

April 22/52

St Matthew

Balt

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Harrison Williams, M.D.

William L. Leavoy Home 2004 Calver

THE VALLEY CONCRETE CO.

VALLEY
CONCRETE
BOND
FOR THE
F. A.

2-520
52 3829BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3829

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Charles L Zink</i>		2. DATE OF DEATH <i>4/19/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14 27-05</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3112 Rosalie Ave</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH		9. AGE (In years last birthday) <i>60</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Printing</i>		11. BIRTHPLACE (State or foreign country) <i>md</i>	
13. FATHER'S NAME <i>PRINTER Charles</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Seefort</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>451 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Suspected Dissecting Aneurysm</i> DUE TO (B) <i>Coarctation of Aorta & Congestive Failure</i> DUE TO (C) <i>Left Inguinal Hernia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs -</i> <i>yrs -</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4/19/52*, 19, to *4/19/52*, 19, that I last saw the deceased alive on *4/19/52*, 19, and that death occurred at *11:00* pm., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert S. Mosser</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>4/20/52</i>	
--	--	---	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) <i>Beth</i>		(State)	
---	--	------------------------------	--	--	--	---	--	---------	--

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston</i>		25. FUNERAL DIRECTOR <i>Walter H. Home</i>		ADDRESS <i>2006 Orleans</i>	
---	--	---------------------------------------	--	--	--	-----------------------------	--

RECORD OF DEATH

DATE OF DEATH

NAME OF DECEASED
 SEX
 AGE
 OCCUPATION
 PLACE OF BIRTH
 PLACE OF DEATH
 CAUSE OF DEATH
 TIME OF DEATH
 PLACE OF BURIAL

100

D-160
52 3830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3830

Registered No. _____

1. NAME OF DECEASED (Type or Print) Mary De Barry			2. DATE OF DEATH April 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2901 W. Lanvale St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2901 W. Lanvale St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 28, 1867	9. AGE (In years last birthday) 84	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Young			14. MOTHER'S MAIDEN NAME Catherine Harman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-18-0052	17. INFORMANT ADDRESS Mrs. Dallas Southworth 2901 W. Lanvale		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident, probalby thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardio-vascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 19, 1947 , to April 20, 1952 that I last saw the deceased alive on April 20, 1952 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE John T. Stansbury		23B. ADDRESS 3030 Edmondson Avenue		23C. DATE SIGNED Apr. 21, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 23, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Ave	

STATE OF NEW YORK
CERTIFICATE OF DEATH

18

18

18

18

18

18

18

18

18

18

18

18

18

M-620
52 3831BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Myers, Ella

2. DATE
OF
DEATH

4/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Carroll

before admission)

C. CITY OR TOWN

Mt. Airy

If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

25

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Myers

14. MOTHER'S MAIDEN NAME

Christina Biggers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X and 660.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pregnancy - delivered

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 14, 1952 to _____, 19____, that I last saw the
deceased alive on Apr 14, 1952, and that death occurred at 4:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

J W Newman

M. D.

23B. ADDRESS

Univ. Hosp. Balto 1.

23C. DATE SIGNED

4/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr 23-52

24C. NAME OF CEMETERY OR CREMATORY

Simpsons

24D. LOCATION (City, town, or county)

Howard Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

ADDRESS

L. M. Wally Winfield Md

12-86

104

RECEIVED BY THE SECRETARY OF THE
GENERAL INVESTIGATIVE DIVISION



BIRTH NO. <i>Non la</i>	
1. NAME OF DECEASED (Type or Print) <i>BABY GIRL MEYERS</i>	
2. DATE OF DEATH <i>4-21-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>CARROLL</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>UNIVERSITY HOSPITAL</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>MT AIRY</i>	
D. STREET ADDRESS (If rural, give location) <i>RT # 3 5600</i>	
C. Length of stay in Baltimore <i>—</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>NEGRO</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	
8. DATE OF BIRTH <i>4-18-52</i>	
9. AGE (In years, last birthday) <i>3</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>PAUL SNOWDEN</i>	
14. MOTHER'S MAIDEN NAME <i>ELLA MEYERS</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS	

18. <i>762.5</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) <i>ATELECTASIS</i>			<i>1 DAY</i>
DUE TO			
II ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>PREMATURITY</i>	<i>3 DAYS</i>
		DUE TO	
		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-18</i> , 19 <i>52</i> , to <i>4-21</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4-20</i> , 19 <i>52</i> , and that death occurred at <i>5 A m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George M. Whinn</i>		23B. ADDRESS <i>Univ. Hospital</i>		23C. DATE SIGNED <i>4-21-52</i>	
24A. BURIAL, CREMATION, OR OTHER DISPOSITION		24B. DATE <i>4-23-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Simpson</i>	
24D. LOCATION (City, town, or county) (State) <i>Howard Co Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>10 M Wally Winfield Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>			

460
AB-158468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3833

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Donna Jean Miller

2. DATE
OF
DEATH

4-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

702 Oakridge Beach

zone 22

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

8. DATE OF BIRTH

April 5- 1949

9. AGE (In years
last birthday)

3

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Miller

14. MOTHER'S MAIDEN NAME

Dolly Simpson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-1952, to 4-20-1952, that I last saw the
deceased alive on 4-20-1952, and that death occurred at 8:15P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Balto., Md.

4-21-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-30-100

RECEIVED

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

100-30-100

M-640

52 3834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3834

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>John Richardson Marlow</i>			2. DATE OF DEATH <i>Apr. 20, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>507 Skilsum St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 14-02</i>		
C. Length of stay in Baltimore <i>40 years</i>			D. STREET ADDRESS (If rural, give location) <i>507 Skilsum St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Apr. 10, 1892</i>	9. AGE (In years last birthday) <i>60</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bus Driver</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Construction Co.</i>		
11. BIRTHPLACE (State or foreign country) <i>Minster-Salem, N.C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Stirling Rideout Skilsum St.</i>			ADDRESS <i>507</i>		

18. <i>422.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Myocardial Degeneration</i>	<i>2 mo</i>
ANTECEDENT CAUSES	(B) <i>Generalized Arteriosclerosis</i>	<i>6 mo</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-19*, 195², to *4-20*, 195², that I last saw the deceased alive on *4-20*, 195², and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Sharon M. Pulley</i>	23B. ADDRESS <i>1343 Penna. Ave</i>	23C. DATE SIGNED <i>4/21/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Apr. 23, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	25. FUNERAL DIRECTOR <i>Wallace Funeral Home</i>	ADDRESS <i>1631 Druid Hill Ave</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	26. FUNERAL DIRECTOR

1934

RECEIVED

1934

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

13-520

52 3835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

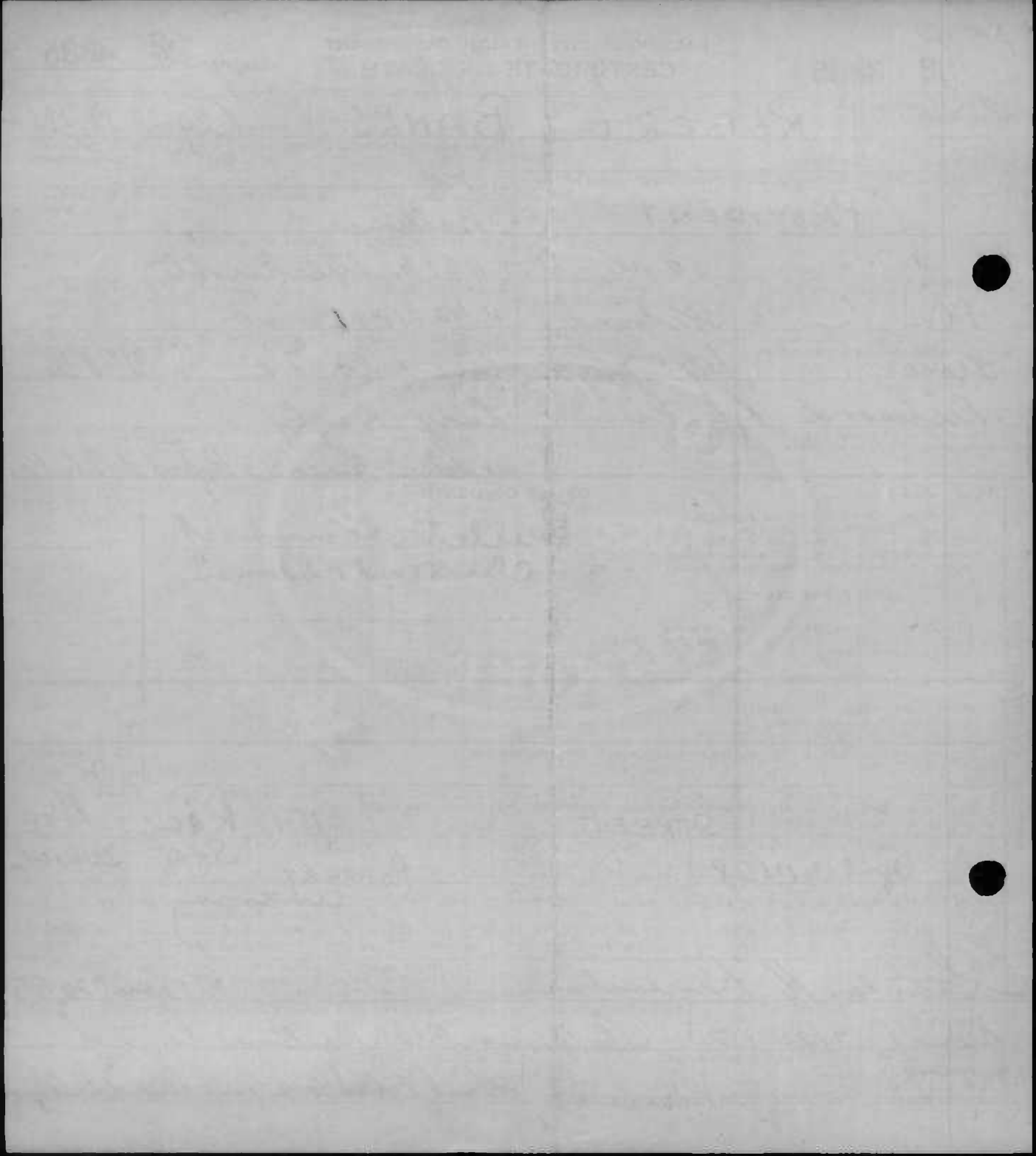
Registered No. 52 3835

1. NAME OF DECEASED (Type or Print) ROBERT		2. DATE OF DEATH April 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE Ind.	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. LENGTH OF STAY IN BALTIMORE 50 yrs.		D. STREET ADDRESS (If rural, give location) 1137 N. Stricker St	
6. COLOR OR RACE M	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/12/1894	9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer	10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Essex Co. Va	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Richmond Banks		14. MOTHER'S MAIDEN NAME Lucy Bagby	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Polly Fuller - 2413 Oxford St. Phila. Pa.		ADDRESS	
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bullet wounds of chest and abdomen		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1511 RAGGS AVE	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 19, 1952 P.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? SHOT DURING ROBBERY	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley H. Durlacher	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23C. DATE SIGNED April 20 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/23/1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore Co. Ind.
DATE RECEIVED BY REGISTRAR APR 22 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Holland Funeral Home - 1631 Druid Hill Ave	

14862.4

2906A

✓



-460

3 52 3836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3836

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary E. (Bessie) Taylor

2. DATE

OF

DEATH

April 18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Long Green Nursing Home location)
INSTITUTION 115 E. Melrose Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3610 Kimble Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

Yrs.

Mos.

Days

8. DATE OF BIRTH

Oct. 9, 1885

9. AGE (In years

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. H.

10B. KIND OF BUSINESS OR

INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Ralph Shriver

14. MOTHER'S MAIDEN NAME

Mary Zimmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

J. Frank Kehoe, 3610 Kimble Rd.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cause of Death 12 yrs.

Pre-tuberculous of Bone 8 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1949, 19, to April 18, 1952, that I last saw the
deceased alive on April 18, 1952, and that death occurred at 4 9 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 22/52

Woodlawn Cemetery

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Huntington Williams

Harry H. H. H.

4101 Edmondson Ave.

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

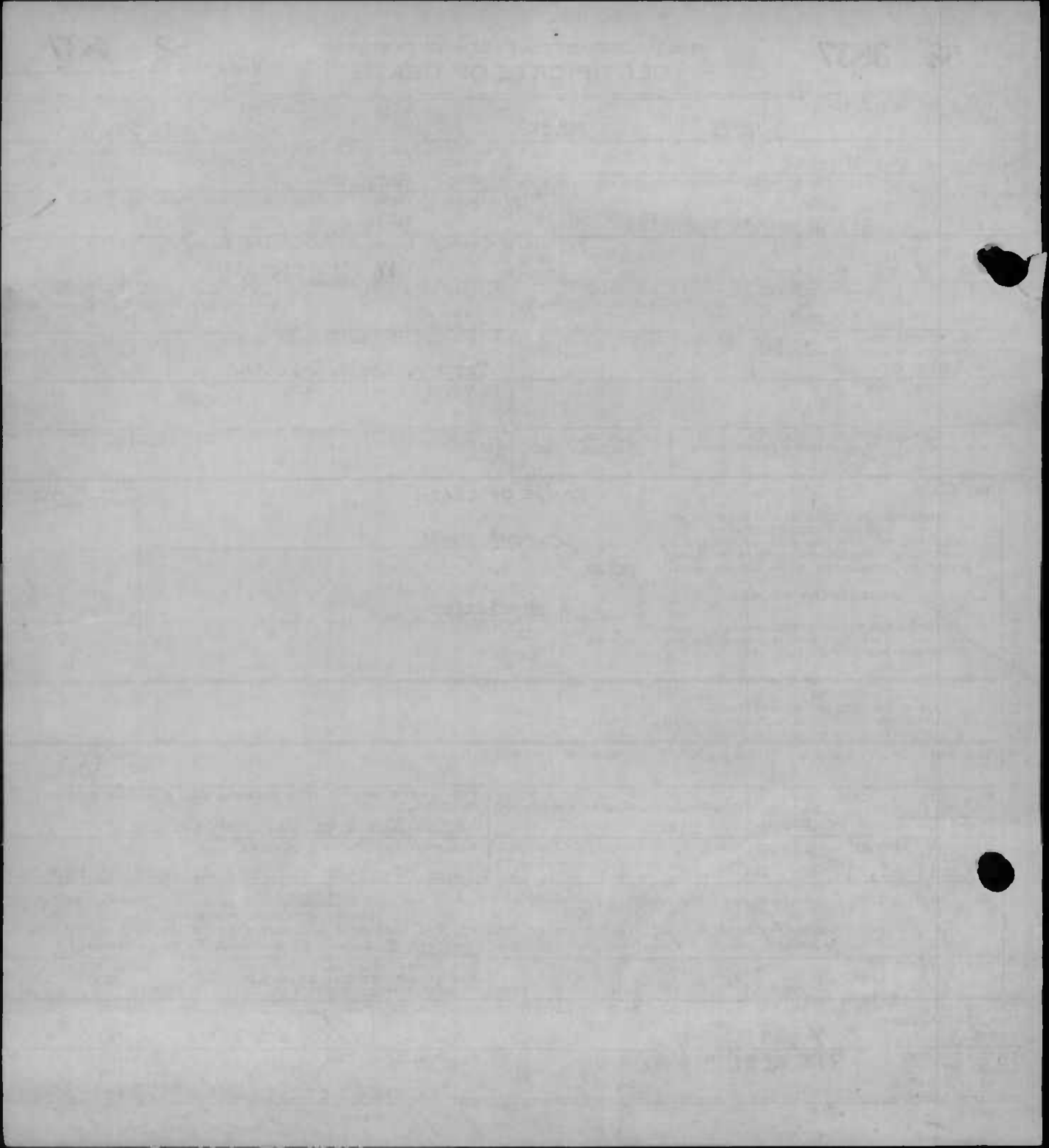
Registered No. **52 3837**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES FETTER		2. DATE OF DEATH April 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 647 Vine Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/22/22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 30
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Tarbow, North Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT		ADDRESS	

18. E910.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed chest XXXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Asphyxiation		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Ditch		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 6200 block of Walther Avenue 27-34	
21D. TIME (Month) (Day) (Year) (Hour) April 21, 1952 2:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sides of ditch collapsed, burying him	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William W. Williams</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 22, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipment		24B. DATE 4-25-52		24C. NAME OF CEMETERY OR CREMATORY Tarboro N. C.	
24D. LOCATION (City, town, or county) (State) Tarboro N. C.		25. FUNERAL DIRECTOR Samuel W. Sullivan			
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE <i>William W. Williams</i>			



F-260
52 3838BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3838

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Fisher

2. DATE
OF
DEATH

4/19/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

907 South Caroline St

C. Length of stay in Baltimore

42 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Lunch Room

13. FATHER'S NAME

Charlie Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Sept-12-1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Elizabethn

?

17. INFORMANT

ADDRESS

Ardelia Gans 907 S. Carolina St

18. 4438 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Left heart decompensation

12 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hypertension

(C)
DUE TO

Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 4/19, 1952, that I last saw the
deceased alive on 4/19, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

G. C. Burwell

M. D.

23B. ADDRESS

1215 Pennsylvania St

23C. DATE SIGNED

4/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/22/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy Wilson 1000 Buntley ave

VS 150

MEDICAL CERTIFICATION

R-200
52 3839BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3839
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIA ROSS

2. DATE
OF DEATH April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore 25 Yrs.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

1111 Watson Street

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar-15-1900

9. AGE (In years
last birthday)

52

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Brunswick Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Ross 1302E. Lexington St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER.....☒

April 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April-23-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR

Theroy Wilson 1000 Brantly Ave

ADDRESS

G-650

AB-152977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3840
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Williams, nee Green

2. DATE
OF
DEATH

4-20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baths. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

1610 E. Lombard St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 5- 1930

9. AGE (In years last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

Private

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Green

14. MOTHER'S MAIDEN NAME

Inez Reeves

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pleural Effusion

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

Unknown

(C) Bilateral
Pulmonary tuberculosis, far advanced

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-1951, to 4-20-1952, that I last saw the deceased alive on 4-20-1952, and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE

O. J. Brown

23B. ADDRESS

M. O. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

4-21-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

4-26-52

Mt Calvary Cemo

Brooklyn

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Elroy Wilsons 1000 Bently or

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF

STATE OF

DECEASED

DATE OF DEATH

AGE

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

PLACE OF DEATH

N-200
52 3841BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3841

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MADELINE M. NIX			2. DATE OF DEATH April 20, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY Baltimore before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rodgers Forge			
5. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 221 Hopkins Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 14, 1911	9. AGE (in years last birthday) 41	H Under 1 Year Months: Days	H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. F. Nix			14. MOTHER'S MAIDEN NAME Lilly C. Rapp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Carroll Nix - St. Paul Court Apts.			

18. E970.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chloral hydrate poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Chloral hydrate poisoning DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
--	--	-------------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB- UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) garage	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 221 Hopkins Road		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/20/52 10:45 A.M.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR? self ingestion of chloral hydrate		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. S. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/> 23C. DATE SIGNED 4/21/52		

24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE 4/23/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR 4/22/52	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Dickener & Sons Balto 17, Md	

STATE OF TEXAS
COUNTY OF DALLAS

1904

Wm. J. [illegible]
Dallas, Texas

N-200
52 3842BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3842

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLAUDIA H. NESS

2. DATE
OF
DEATH

Apr. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3520 Hilton Rd.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

13. FATHER'S NAME

Wm. E. Vaughan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Aug. 29, 1874

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Claudia Morris

17. INFORMANT

ADDRESS

Mr. Luther M. Frantz - 2401 Everton Rd.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cancer of Intestine

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocarditis

5 yrs.

C

Jaundice

2 weeks

2 1/2 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1952, to April 19, 1952, that I last saw the deceased alive on April 19, 1952, and that death occurred at 4:22 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/22/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. M. G. Lickner & Sons

Balto. 17, Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		SIGNED BY		OFFICIAL	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		MARRIAGE		SIGNED BY		OFFICIAL	

C-636

52 3843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3843

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA A. CARTER

2. DATE

OF

DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Edgewood Nursing Home

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 7, 1876

9. AGE (In years,
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Holtz

14. MOTHER'S MAIDEN NAME

Emma Toft

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ave.

Mrs. Emma B. Lautenberger - 3034 Kenyon

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Chronic Hypertensive cardiovascular
vascular disease*
DUE TO

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Apr 19, 1952, that I last saw the
deceased alive on Apr 19, 1952, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

426 S. Patterson, Ph. Pa.

4/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/23/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Huntington Williams, M.D.

Wm. J. Lickner & Sons

VS 150

Balto 17 Md.

MEDICAL CERTIFICATION

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

STATE OF NEW YORK

IN SENATE
JANUARY 10, 1900

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY: J.B. LIPPINCOTT & CO., PRINTERS.

R-200

52 3844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3844

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Christopher Russo

2. DATE
OF
DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1013 Hanover Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1013 Hanover Street 2361

C. Length of stay in Baltimore abt. 48 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 25

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Fruit & Produce

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Russo

14. MOTHER'S MAIDEN NAME

Louise Dipano

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Russo 1013 Hanover St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Agitation, Cortisone, Drin.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1952, to April 19, 1952, that I last saw the
deceased alive on April 19, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Friedman

M. D.

23B. ADDRESS

1319 Lytle St.

23C. DATE SIGNED

4/21/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/23/1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

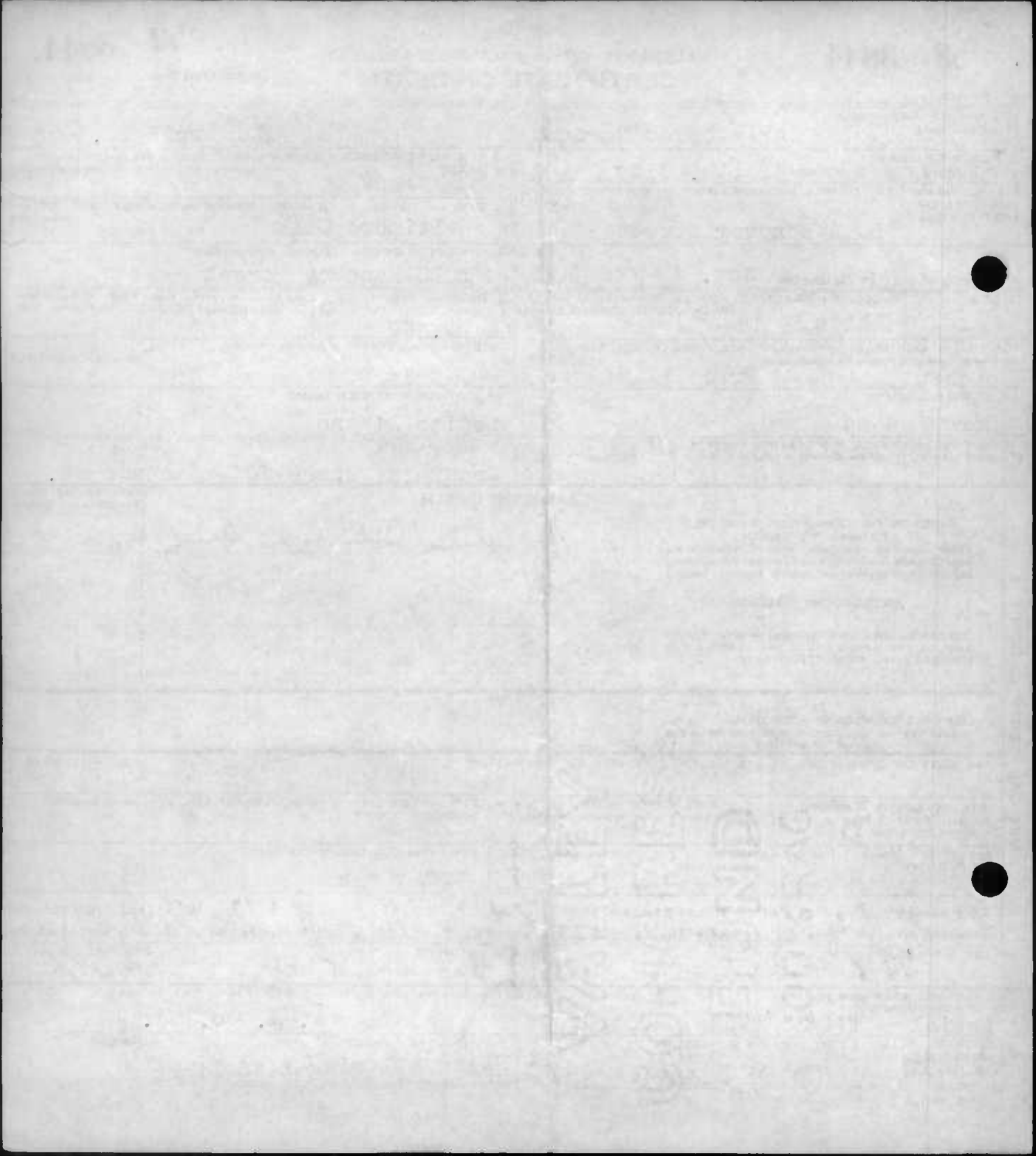
ADDRESS

Flynn & Fleming 1426 Light St

VS 150

2906A

MEDICAL CERTIFICATION



S-360
52 3845CERTIFICATE CORRECTED 5/1/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3845

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT STEUER			2. DATE OF DEATH April 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4119 Granada Avenue 15-10		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (In years last birthday) 23	10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			11. BIRTHPLACE (State or foreign country) Baltimore Md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Nathaniel Steuer			14. MOTHER'S MAIDEN NAME Eva Soler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Nathaniel Steuer - Home		

18. **E936.9**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Skull fracture**~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Extradural and subdural hemorrhage**~~XXXX~~(C) **Contusion of brain**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Unknown

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Unknown

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Unknown

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Probably fell

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
M.D. ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

April 22, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-23-52

24C. NAME OF CEMETERY OR CREMATORY

National Memorial Park - Falls Church - Va

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

APR 22 1952**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, 2100 Entwistle

See Document File 52 3845

5/1/52 -- 88

Letter from Dr. W. V. Lovitt, Jr.,
Asst Medical Examiner

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3846
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOPHIE

ALTGENUG

2. DATE OF DEATH **April 22, 1952**

3. PLACE OF DEATH:

a. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**

b. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 29-41

d. STREET ADDRESS (If rural, give location)
3603 Gwynn Oak Avenue

Length of stay in Baltimore **15** Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) **77**
If Under 1 Year Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Joseph

14. MOTHER'S MAIDEN NAME
Mollie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Julius Altgenug - same** ADDRESS

18. **E902.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of neck**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
3603 Gwynn Oak Avenue

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
April 22, 1952 7:30 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Fell from back porch to ground

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE
William Williams

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED
April 22, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
4-23-52

24c. NAME OF CEMETERY OR CREMATORY
Cherry Avenue Cemetery

24d. LOCATION (City, town, or county) (State)
Randallstown - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS
2100 Eastview Pl

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

ANDREW D. DODD, PRINTER

1901

N-120

52 3847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 3847

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 593X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

57-00

57-00

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1946 to April 21, 1952 that I last saw the
deceased alive on 4/20, 1952 and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

MEDICAL CERTIFICATION

1917

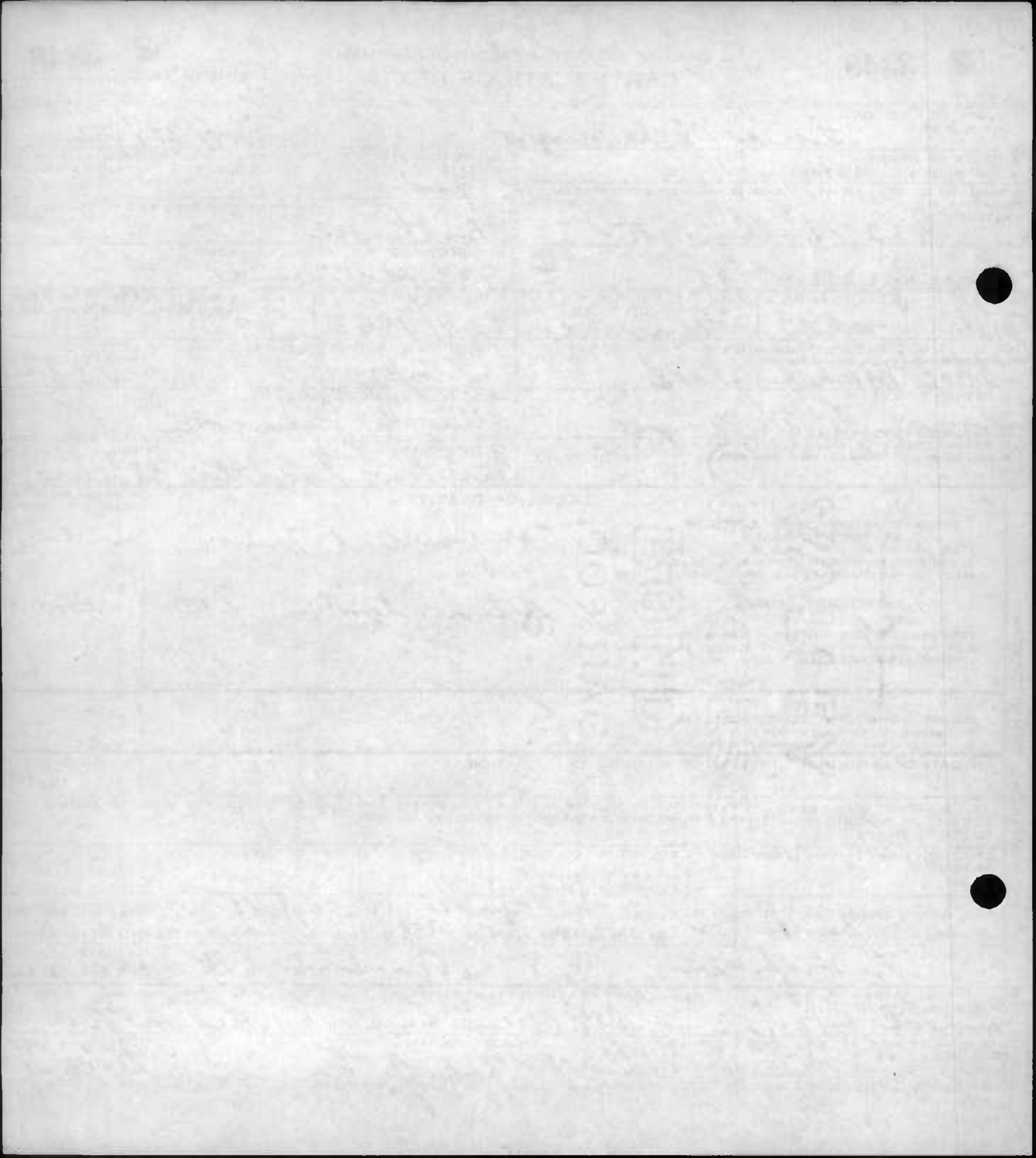
CERTIFICATE OF DEATH

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

D-520
52 3848BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3848
Registered No.

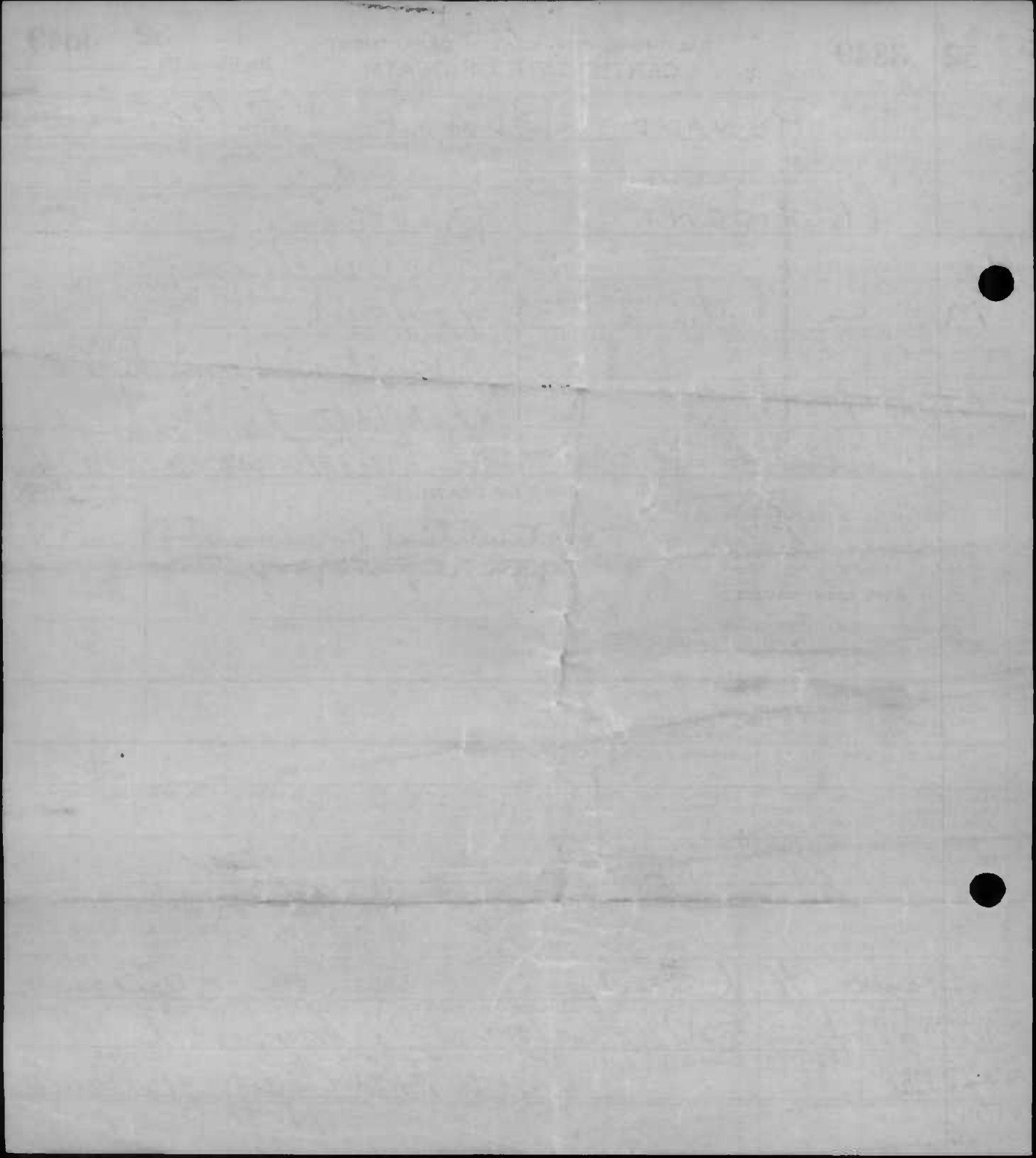
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis Di Muzio</i>		2. DATE OF DEATH <i>4/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>933 Hollins St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19+03</i>	
D. Length of stay in Baltimore <i>35</i> Yrs. <i>35</i> Mos. <i>35</i> Days		O. STREET ADDRESS (If rural, give location) <i>933 Hollins St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2/14/1863</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (in years last birthday) <i>89</i>
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Pasquale Di Muzio</i>		14. MOTHER'S MAIDEN NAME <i>Angela Francola</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Lena Salvetti</i>		ADDRESS <i>933 Hollins St.</i>	
18. I <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>myocardial failure ser. days</i> DUE TO <i>arteriosclerotic C.V.D. years</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>-</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>-</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 12, 1952</i> , to <i>April 21, 1952</i> , that I last saw the deceased alive on <i>April 12, 1952</i> , and that death occurred at <i>6:20 P.M.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>E. Highsten</i> M. D.	
23B. ADDRESS <i>888 W. Lombard St.</i>		23C. DATE SIGNED <i>4-22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/24/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Church</i>		24D. LOCATION (City, town, or county) (State) <i>4404 Belair Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>PR 22 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John J. Towan & Son</i>		ADDRESS <i>933 Hollins St.</i>	



<p>B-420 52 3849</p>		<p>BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH</p>		<p>52 3849 Registered No. _____</p>	
<p>BIRTH NO. <u>52-04063</u></p>					
<p>1. NAME OF DECEASED (Type or Print) RONALD BLAKE</p>			<p>2. DATE OF DEATH Apr 20, 1952</p>		
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>			<p>4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <u>md.</u> B. COUNTY _____</p>		
<p>B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT</p>			<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-02</p>		
<p>D. STREET ADDRESS (If rural, give location) 1530 McKean ave.</p>			<p>E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____</p>		
<p>5. COLOR OR RACE M C</p>		<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) child</p>		<p>8. DATE OF BIRTH 2/22/52</p>	
<p>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child</p>		<p>10B. KIND OF BUSINESS OR INDUSTRY child</p>		<p>9. AGE (In years last birthday) 2 Under 1 Year Months: _____ Days: _____ Under 24 Hours Hours: _____ Min: _____</p>	
<p>11. BIRTHPLACE (State or foreign country) Baltimore, Md.</p>			<p>12. CITIZEN OF WHAT COUNTRY? U.S.</p>		
<p>13. FATHER'S NAME Frederick Blake</p>			<p>14. MOTHER'S MAIDEN NAME Marie Forest</p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) child</p>			<p>16. SOCIAL SECURITY NO. _____</p>		
<p>17. INFORMANT Evelyn Forest</p>			<p>ADDRESS 1530 McKean</p>		
<p>18. 525X CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) Interstitial pneumonitis DUE TO upper respiratory infection</p> <p>ANTECEDENT CAUSES</p> <p>(B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(C) _____</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>					
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	
<p>21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.</p>		<p>21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK</p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>.</p>					
<p>23A. SIGNATURE Stanley H. Durlacher, M.D.</p>		<p>23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/></p>		<p>23C. DATE SIGNED April 20, 1952</p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>24B. DATE 4/22/52</p>		<p>24C. NAME OF CEMETERY OR CREMATORY Mt Calvary</p>	
<p>24D. LOCATION (City, town, county) (State) Cedar Hill</p>		<p>25. FUNERAL DIRECTOR A. Holstead ADDRESS 918 Drump Hill ave.</p>			
<p>DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952</p>		<p>REGISTRAR'S SIGNATURE Huntington Mahan, M.D.</p>		<p>25. FUNERAL DIRECTOR ADDRESS A. Holstead 918 Drump Hill ave.</p>	

MEDICAL CERTIFICATION



5-160
52 3850BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3850
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Amelia Schaefer

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bon Secours Hosp.

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore, Md.

Yrs.
Mos.
Days

D. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

Female - W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

12/23/99

9. AGE (in years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

U.S. (Md.)

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Rachel Morgan

17. INFORMANT

ADDRESS The

Mr. Roland Schaefer-

5320 Alameda

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetes

DUE TO

12 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pyuria

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/17, 1952, to 4/22, 1952, that I last saw the deceased alive on 4/22, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Annette Stogge

M. O.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

4-22-52

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Huntington Williams, M.D.

Philip's Heurig Sons, 2024 Calverton Rd

THE
FEDERAL
BUREAU OF
INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible text follows]

K-510
52 3851BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3851
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELMA I. KNAPP		2. DATE OF DEATH April 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-48			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1019 St. Dunstans Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 1019 St. Dunstans Road		E. AGE (In years last birthday) 26 If Under 1 Year: Months: Days: If Under 24 hours: Hours: Min.			
F. SEX Female		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 6, 1925	
G. COLOR OR RACE White		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
10B. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Elmer W. Schall	
14. MOTHER'S MAIDEN NAME Irene M. Schuehle		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 220-14-3679	
17. INFORMANT 1019 St. Dunstans Road 12 Gordon M. Knapp		18. CAUSE OF DEATH			

CAUSE OF DEATH

18. **087 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Varicella septicemia with pneumonia, splenitis and hepatitis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/21/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/22/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Henry Sander & Sons, Inc.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

STATE OF NEW YORK
IN SENATE
January 10, 1900

100

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1900

ALBANY: J. B. LIPPINCOTT & CO. PRINTERS.
1900.

0-132
52 3852BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Opitz, Helene A.

2. DATE
OF
DEATH

4-20-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

9-03

D. STREET ADDRESS (If rural, give location)

804 Venable Ave

Length of stay in Baltimore

46 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 26, 1878

9. AGE (in years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August Anschütz

14. MOTHER'S MAIDEN NAME

Ernestine Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 804 Venable Avenue - 18
Mrs. Alvin Ewing

18. 433.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Adams - Stokes Attack(s)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Complete Heart Block

DUE TO

(C) Arterio - Sclerosis, generalized

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1952 to 4-20, 1952 that I last saw the
deceased alive on 4-20, 1952 and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John Metcalf

M. D.

23B. ADDRESS

2407 Clemons Ave

23C. DATE SIGNED

4-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/23/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

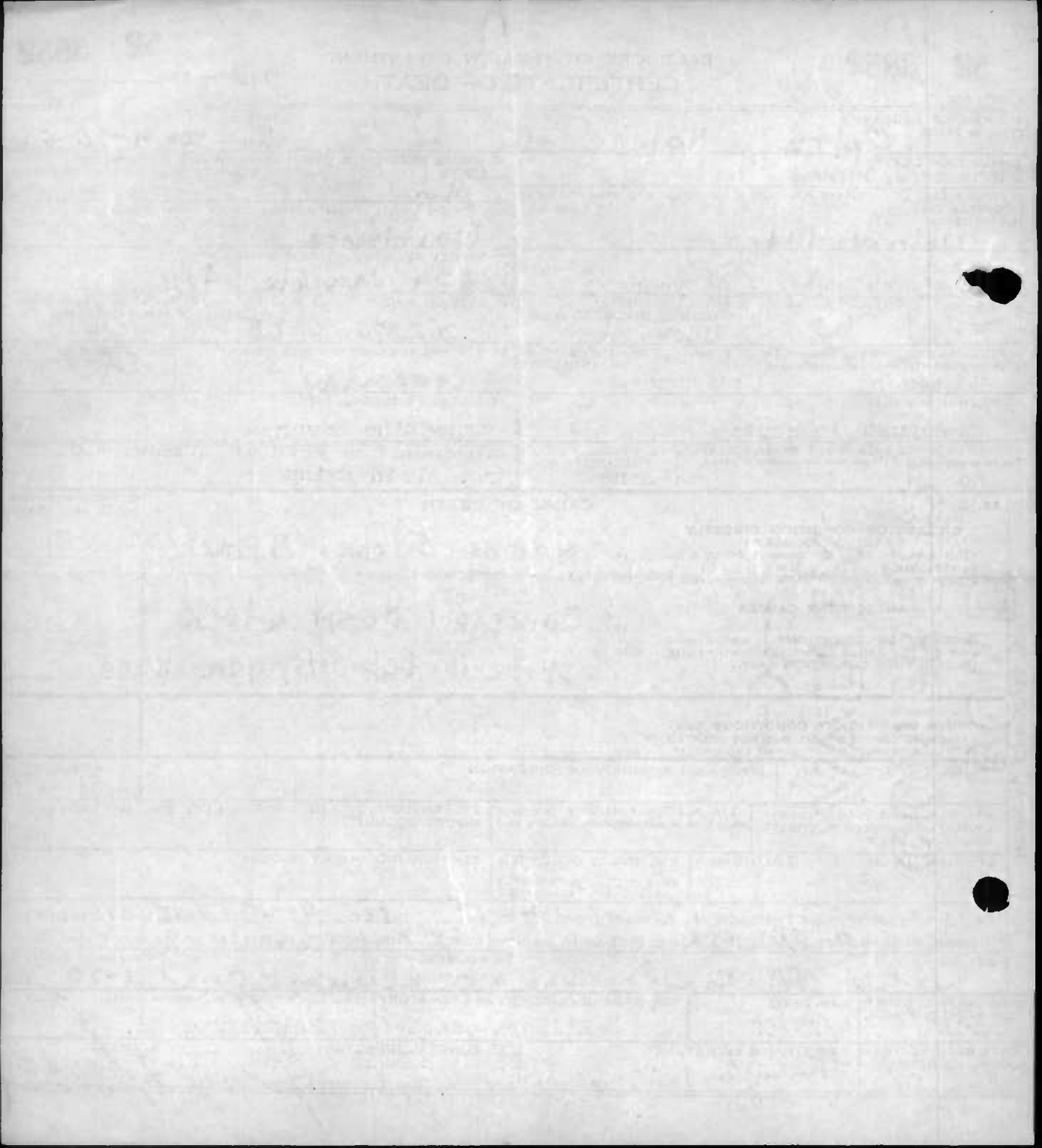
25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., MD.

George J. Sander



J-520
52 3853BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3853
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES Neil JONES		2. DATE OF DEATH 4/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltd		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltd			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 636 Archer St 21-02			
5. LENGTH OF STAY IN BALTIMORE M		6. COLOR OR RACE C		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10B. KIND OF BUSINESS OR INDUSTRY Plastering		8. DATE OF BIRTH 1/8/1920	
11. BIRTHPLACE (State or foreign country) Baltd City		9. AGE (In years last birthday) 32		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harry Jones		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) W. W. 2	
16. SOCIAL SECURITY NO. —		17. INFORMANT Bernie Jones 636 Archer St			
18. E 902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) FRACTURED SKULL WITH DUE TO CONTUSION OF BRAIN ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? 636 ARCHER ST 21/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4-20-52 2:30 a.m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? DROPPED WHILE BEING PUT IN Bed WHILE DRUNK.	
I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R S Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/24/52		24C. NAME OF CEMETERY OR CREMATORY Baltd National	
24D. LOCATION (City, town, or county) (State) Baltd City		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. L. Brown & Son Montgomery St	

MEDICAL CERTIFICATION

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

1000 50

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

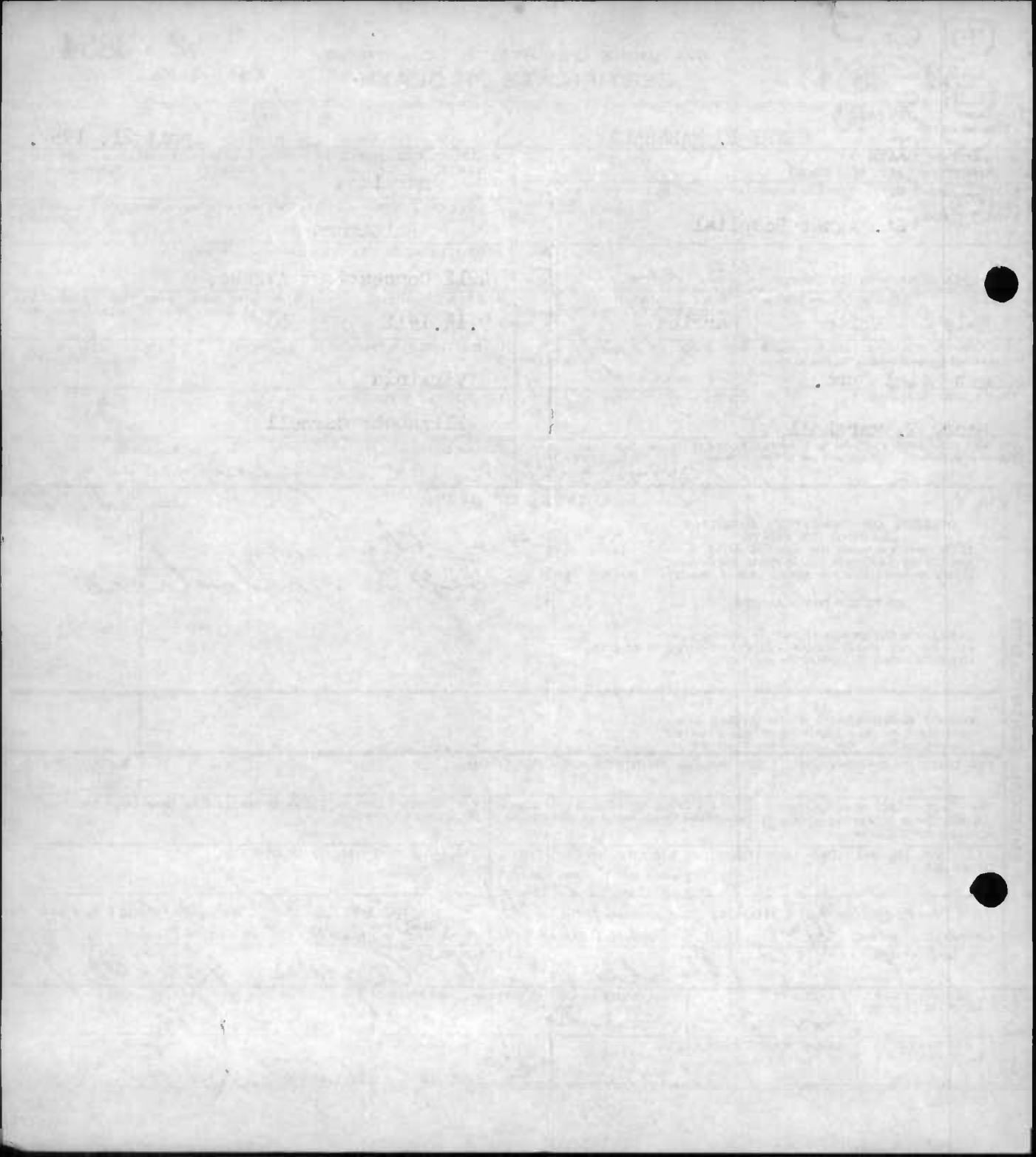
52 3854

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRY B. MARSHALL		2. DATE OF DEATH April 21, 1952.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4212 Connecticut Avenue, 28-04		E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
5. LENGTH OF STAY IN BALTIMORE 33 yrs.		8. DATE OF BIRTH 9.14.1911	
6. COLOR OR RACE White		9. AGE (In years last birthday) 40	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. UNDER 1 YEAR Months: _____ Days: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Supt.		11. BIRTHPLACE (State or foreign country) Virginia	
10B. KIND OF BUSINESS OR INDUSTRY Standard Eng. Co. Const.		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Henry R. Marshall		14. MOTHER'S MAIDEN NAME Elizabeth Carnell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. 217-03-2481	
17. INFORMANT Mary E. Marshall		ADDRESS 4212	
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CH of the lung & multiple metastases		INTERVAL BETWEEN ONSET AND DEATH Comp. an	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/21, 1952 to 4/21, 1952 , that I last saw the deceased alive on 4/21, 1952 and that death occurred at 5:00 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE John C. Healy		23B. ADDRESS St. Agnes Hosp	
23C. DATE SIGNED 4/21/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 24/52	
24C. NAME OF CEMETERY OR CREMATORY Landon		24D. LOCATION (City, town, or county) (State) Pk. Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Hurlington Williams	
25. FUNERAL DIRECTOR Harry H. Hutzle		ADDRESS 4101 Edmondson Ave.	

591 24



260
52 3855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3855

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie E. Fisher

2. DATE
OF
DEATH

April 20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

2917 W. Lanvale St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2917 W. Lanvale St

16-06

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 13, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August T. Potts

14. MOTHER'S MAIDEN NAME

Mary E. Kavan augh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Prestley Fisher, 2917 W. Lanvale

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Uremia

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Cancer of heart

2 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1951, to 4-20, 1952, that I last saw the
deceased alive on 4-19, 1952, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. Peter Wall / Stanley Steinboch

M. D.

3334 Dolfeld Ave

4-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

April 23/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery, Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Harry F. Hight, 4101 Edmondson

Ave.

Mr Stenback
3334 Dolfield

B-653
52 3856BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 52 3856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Royal Brandon

2. DATE
OF
DEATH

April 21 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

1007 Madison St.

E. Length of stay in Baltimore

102 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

Colored

Married

8. DATE OF BIRTH

Feb. 16, 1920

9. AGE (in years
last birthday)

32

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Garner

10B. KIND OF BUSINESS OR
INDUSTRY

Ship yard

11. BIRTHPLACE (State or foreign country)

Alton, Va

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Royal Brandon, Sr.

14. MOTHER'S MAIDEN NAME

Eliza Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. PREVIOUS ADDRESS

1007 Madison Ave.

18. E885.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Enccephalitis
DUE TONot Reported to Medical
Examiner

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Lead poisoning
DUE TOBody shipped out of
State. Diagnosis not
verified.....

(C) Chronic alcoholism

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

R. F. Fisher M. D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER

19C. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Factory

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore Steel - Sparrows Pt.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Inhalation of fumes at work.

22. I hereby certify that I attended the deceased from April 15, 1952, to April 21, 1952, that I last saw the
deceased alive on April 21, 1952, and that death occurred at 7:07 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Se-jui Lin

M. O.

23B. ADDRESS

Maryland General Hosp. April 21/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 22 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1601 David Hill Ave.

VS 150

690 3U

N-966-5

MEDICAL CERTIFICATION



7-246
52 3857CERTIFICATE CORRECTED 5/20/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3857
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Eva Foster</i>		2. DATE OF DEATH <i>Apr. 20, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>7-05</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>722 N. Broadway</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>3-11-87</i>	9. AGE (In years last birthday) <i>65</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>Conrad Plarr</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Peppersack</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i> ✓	
18. <i>410X and E 955.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Infarction</i> DUE TO (B) <i>Rheumatic Mitral Stenosis</i> DUE TO (C) <i>Rheumatic Heart Disease</i> <i>Rupture of Stomach</i> <i>Quinidine Intoxication</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>10 yrs</i> <i>3 yrs</i> <i>6 yrs</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>BPFish</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg., etc.) <i>Hospital</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>JOHNS HOPKINS HOSPITAL</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>4/20/52</i> <i>2:50 p.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Oxygen administered through Levine tube by error</i>	
22. I hereby certify that I attended the deceased from <i>4/16</i> , 1952, to <i>4/20</i> , 1952, that I last saw the deceased alive on <i>4/20</i> , 1952, and that death occurred at <i>8 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard S. Ross</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>4/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>APRIL 22ND 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>ST. MATTHEWS</i>	
24D. LOCATION (City, town, or county) (State) <i>G'DUNNEAL ST EXT</i>		24E. FUNERAL DIRECTOR <i>AEO G. COOK</i>		24F. ADDRESS <i>1701 N. PATTERSON PK</i>	

See Document File for letter from
Dr. Richard S. Ross,
Asst. Resident Physician

5/20/52 ES

63 3858

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3858
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EDWARD L. RICKERDS		4/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland I505 Byrd Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-04			
6. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) I505 Byrd Street			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9/18/1899	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10B. KIND OF BUSINESS OR INDUSTRY Nat. Central Bk.		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME George M.		14. MOTHER'S MAIDEN NAME Hattie V. Hargett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Family - Same	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 442X I Hypertensive Cardiovascular Disease		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Laennec's Cirrhosis of Liver.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 17, 1952, to April 20, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 2:45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE N. P. F. Smith		23B. ADDRESS 1319 E. Fort Ave.		23C. DATE SIGNED 4/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 4/24/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
				24D. LOCATION (City, town, or county) (State) Frederick, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Avenue.	

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
MIDDLE NAME		BIRTH DATE		BIRTH PLACE		MARRIAGE DATE		MARRIAGE PLACE		OCCUPATION	
CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		PREVAILING DISEASE		PREVAILING SYMPTOMS		PREVAILING SIGNS	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERK		SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
DATE OF DEATH		TIME OF DEATH		PLACE OF DEATH		CITY		COUNTY		STATE	

52 3859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3859

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDAM. COLLINS - (Eda M.)

2. DATE
OF
DEATH

19 APR. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 12-07D. STREET ADDRESS (If rural, give location)
2126 MARYLAND AV.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

Yrs.
Mos.
Days

8. DATE OF BIRTH

8/26/00

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STORE MANAGER

10B. KIND OF BUSINESS OR
INDUSTRY

FISH DRY CLEANERS

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel J. Weitzel

LAUNDRY

14. MOTHER'S MAIDEN NAME

Francis Chalk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-71-6967

17. INFORMANT

Mr. Alden Nayer - Balton Rouge La

18. 165X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PNEUMOTHORAX, LEFT

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 WK.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA, METASTATIC, LUNG

DUE TO

(C) CARCINOMA, PRIMARY SOURCE UNKNOWN

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 FEB. 1952 to 19 APR. 1952, that I last saw the
deceased alive on 19 APR. 1952 and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

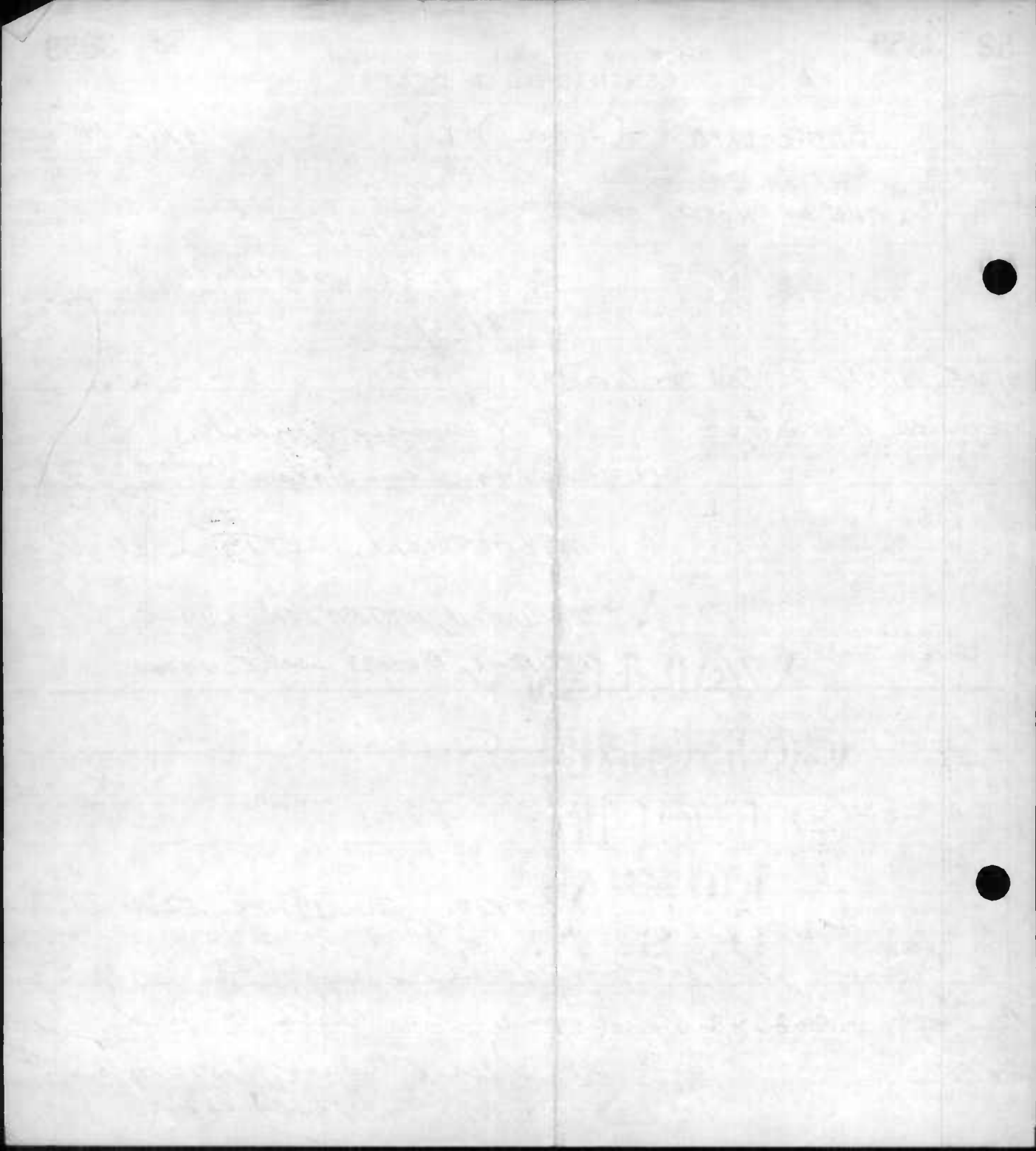
25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Huntington Williams, M.D.

Yes. L. Beyer Jr. 512 Hollins St



M-532
52 3860

52 3860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>Walter Mentzel</u>	
2. DATE OF DEATH <u>April 21, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>3306 Elgin Ave.</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>15-47</u>	
7. STREET ADDRESS (If rural, give location) <u>3306 Elgin Ave</u>	
8. DATE OF BIRTH <u>Oct. 24, 1885</u>	
9. AGE (in years last birthday) <u>66</u>	
10. C. LENGTH OF STAY IN BALTIMORE <u>Life</u>	
11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lawrence Mentzel</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Borgealt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u> <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>220-24-2251</u>	
17. INFORMANT <u>Miss Margaret Mentzel</u>	
ADDRESS <u>3306 Elgin Ave</u>	
18. CAUSE OF DEATH <u>Chr. myocardiitis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1950</u>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO (A) _____ (B) <u>Astoria Salmonis</u> (C) <u>Gastritis</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>Oct. 1951</u>	
19B. MAJOR FINDINGS OF OPERATION <u>Bleeding ulcer - non malignant</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 12, 1951</u> to <u>Apr. 21, 1952</u> that I last saw the deceased alive on <u>Apr. 21, 1952</u> and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.	
23A. SIGNATURE <u>Paul Brown</u>	
23B. ADDRESS <u>2602 Liberty St. Balto. Md.</u>	
23C. DATE SIGNED <u>4/27/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>April 24, 1952</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Western Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>ER 22 1952</u>	
REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
25. FUNERAL DIRECTOR <u>John T. Stansbury</u>	
ADDRESS <u>2700 Edmondson Ave</u>	

MEDICAL CERTIFICATION

5506J

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1900

10

1000



142
2 3861BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3861
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche R. Applegarth

2. DATE
OF
DEATH

April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

Melchior Nursing Home

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1803 Barclay St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 6, 1871

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cosmetic Dem.

10B. KIND OF BUSINESS OR
INDUSTRY

Montgomery Ward

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Roberts

14. MOTHER'S MAIDEN NAME

Lucrathia Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO.

16. SOCIAL
SECURITY NO.

218-09-5658A Mrs. Eva Applegarth - 307 Hilton Ave

17. INFORMANT

ADDRESS

18. 332X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cerebral thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to April 21, 1952 that I last saw the
deceased alive on April 20, 1952, and that death occurred at 5:10 PM from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth Cook

M. D.

23B. ADDRESS

2131 MARYLAND AVENUE

BALTO

23C. DATE SIGNED

18 4-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

April 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave

35 3861

BARBERS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1951

James R. Hagle

Married

Barbers City, Kansas

Age 65

Male

White

Single

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

J. Blum

1951

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

Barbers City, Kansas

520
52 3862BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3862
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADELINA V. JONES.		2. DATE OF DEATH April 20, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Baltimore Md b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 547 S. Monroe St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 19-04	
d. STREET ADDRESS (If rural, give location) 547 S. Monroe St.		8. DATE OF BIRTH June 20, 1872 9. AGE (In years last birthday) 79 If Under 1 Year Months: Days Hours: Min. 10 10	
5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife. 10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Patrick J. Rock		14. MOTHER'S MAIDEN NAME Anna Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO. none		17. INFORMANT William Jones Jr. ADDRESS 547 N. Monroe St.	

18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Uremia DUE TO (B) Chronic Nephritis DUE TO (C) Arteriosclerosis Senility ; Blindness	INTERVAL BETWEEN ONSET AND DEATH.
--	---	-----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct 11, 1951**, to **April 19, 1952** that I last saw the deceased alive on **20 April, 1952**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Bayles	23b. ADDRESS 1600 Wilkens Ave	23c. DATE SIGNED 22 April 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24d. LOCATION (City, town, or county) (State) Baltimore	24e. DATE RECEIVED BY APR 22 1952	24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.
24g. FUNERAL DIRECTOR'S ADDRESS S. Walter May 619 N. Bouldin St.		

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: JAMES EARL RAY
RE: NEW YORK TELETYPE TO BUREAU, 1/10/68

Enclosed for the Bureau are two copies of a letterhead memorandum (LHM) dated and captioned as above. The LHM was prepared by the New York Office on January 10, 1968, and contains information regarding the activities of James Earl Ray in New York City. The LHM is being furnished to the Bureau for its information and for its use in the ongoing investigation of the activities of James Earl Ray.

Very truly yours,
Special Agent in Charge

Enclosure

-632

52 3863

52 3863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES R. SHARRETTS

2. DATE
OF
DEATH

April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

411 S. Beechfield Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Gov't.

13. FATHER'S NAME

John F. Sharretts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

no

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

411 S. Beechfield Ave.

8. DATE OF BIRTH

Sept. 25, 1864

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Martha Brereton

17. INFORMANT

ADDRESS

Mrs. Hannah Bell Sharretts - 411 S. / Beechfield

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic C. V. Disease 3 1/2 hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Myocardial Infarction 1 wk

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Apr 21, 1952, that I last saw the deceased alive on Apr 20, 1952 and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/23/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

Huntington Williams, M.D.

Wm. J. Schenker & Sons

VS 150

Baltimore 17 Md.

MEDICAL CERTIFICATION

520

52 3864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 3864

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Banks

2. DATE
OF
DEATH

4/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2101 Cold Spring Rd

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

1105 E. Madison St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 491X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Broncho-Pneumonia 10 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11:10, 1952 to 9:19, 1952 that I last saw the
deceased alive on 4/19, 1952 and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. D. Berry

M. D.

23B. ADDRESS

1420 E. Chase

23C. DATE SIGNED

4/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 22 1952

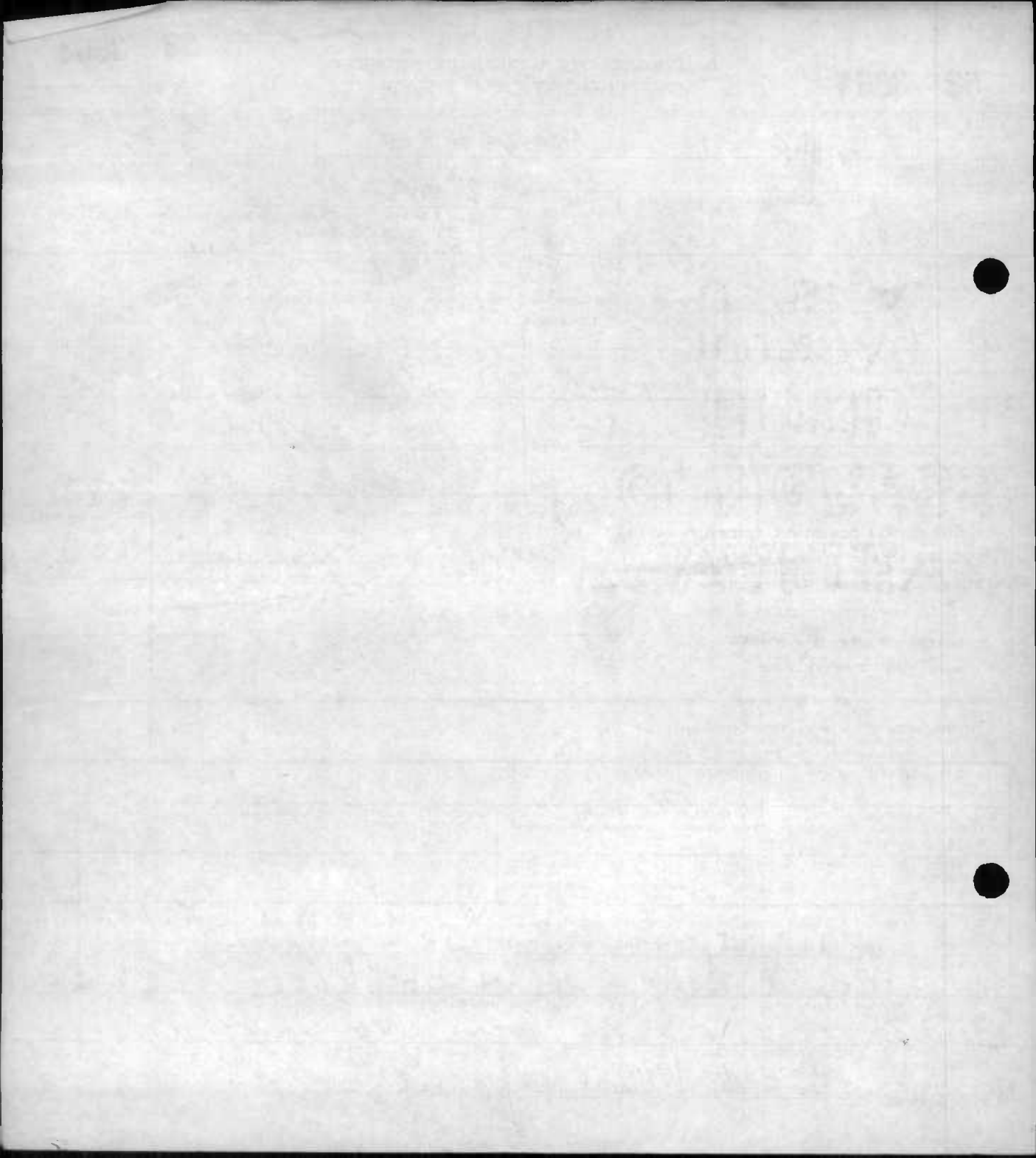
Huntington Williams

Joseph A. Dively 66 W. Barre

VS 150

97024

MEDICAL CERTIFICATION



560

52 3865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3865

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Gunner		2. DATE OF DEATH April 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-01	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2101 W. Coldspring Lane		D. STREET ADDRESS (If rural, give location) 59 W. West Street		6. Length of stay in Baltimore unknown	
5. SEX Male	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) unknown	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records - 2101 W. Coldspring Lane	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Renal DUE TO Disease - Hypertensive		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 17, 1952 , to April 19, 1952 , that I last saw the deceased alive on April 17, 1952 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. C. C. C.		23B. ADDRESS 1000 N. Arlington Avenue		23C. DATE SIGNED 4-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/23/52		24C. NAME OF CEMETERY OR CREMATORY W. Zion Cemetery	
24D. LOCATION (City, town, or county) Baltimore Co. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Joseph C. Sively		ADDRESS 661 W. Borne			

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF REVENUE
OFFICE OF THE COMMISSIONER

Form No. 104-100 (Rev. 1-1-60)

INSTRUCTIONS TO TAXPAYER

1. This form is to be filled out by the taxpayer.

2. It should be filled out for each year.

3. It should be filled out for each year.

4. It should be filled out for each year.

5. It should be filled out for each year.

6. It should be filled out for each year.

7. It should be filled out for each year.

8. It should be filled out for each year.

9. It should be filled out for each year.

10. It should be filled out for each year.

11. It should be filled out for each year.

12. It should be filled out for each year.

13. It should be filled out for each year.

14. It should be filled out for each year.

15. It should be filled out for each year.

16. It should be filled out for each year.

17. It should be filled out for each year.

18. It should be filled out for each year.

19. It should be filled out for each year.

20. It should be filled out for each year.

21. It should be filled out for each year.

22. It should be filled out for each year.

23. It should be filled out for each year.

24. It should be filled out for each year.

25. It should be filled out for each year.

26. It should be filled out for each year.

27. It should be filled out for each year.

28. It should be filled out for each year.

400

52 3866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3866

Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) <u>Queenie Poole</u>	
2. DATE OF DEATH <u>April 19, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>2101 W. Coldspring Lane</u>	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
7. D. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
8. Length of stay in Baltimore <u>Unknown</u>	
9. SEX <u>Female</u>	
10. COLOR OR RACE <u>C</u>	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
12. DATE OF BIRTH <u>1884</u>	
13. AGE (In years last birthday) <u>68</u>	
14. 10 Under 1 Year Months: Days	
15. 11 Under 24 Hours Hours: Min.	
16. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
17. 10B. KIND OF BUSINESS OR INDUSTRY	
18. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
19. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
20. FATHER'S NAME <u>Unknown</u>	
21. MOTHER'S MAIDEN NAME <u>Unknown</u>	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
23. SOCIAL SECURITY NO.	
24. INFORMANT <u>Records - 2101 W. Coldspring Lane</u>	
25. ADDRESS	
26. 18. <u>442 X</u> CAUSE OF DEATH	
27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardio Vascular Renal</u>	
28. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Disease - Hypertensive</u>	
29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
30. 19A. DATE OF OPERATION <u>0</u>	
31. 19B. MAJOR FINDINGS OF OPERATION	
32. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
33. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
34. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
35. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
36. 21D. TIME (Month) (Day) (Year) (Hour) INJURY	
37. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
38. 21F. HOW DID INJURY OCCUR?	
39. 22. I hereby certify that I attended the deceased from <u>September 1950</u> , to <u>April 1952</u> , that I last saw the deceased alive on <u>April 18, 1952</u> , and that death occurred at <u>10:45 A. M.</u> , from the causes and on the date stated above.	
40. 23A. SIGNATURE <u>Dr. Jackson</u>	
41. 23B. ADDRESS <u>1000 N. Arlington Avenue</u>	
42. 23C. DATE SIGNED <u>4-21-52</u>	
43. 24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
44. 24B. DATE <u>4/23/52</u>	
45. 24C. NAME OF CEMETERY OR CREMATORY <u>West View</u>	
46. 24D. LOCATION (City, town, or county) (State) <u>Baltimore Co, Md</u>	
47. DATE RECEIVED BY LOCAL REGISTRAR <u>APR 22 1952</u>	
48. REGISTRAR'S SIGNATURE <u>Wilmington Williams</u>	
49. FUNERAL DIRECTOR <u>Joseph A. Bivens</u>	
50. ADDRESS <u>661 W. Bane St.</u>	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3867
Registered No. _____

236
52 3867
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUISE AMELIA RICHTER		2. DATE OF DEATH APRIL 20 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2618 E. OLIVER ST.		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 8-03	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2618 E. OLIVER ST.	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH DEC. 30 1888
		9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUG CLERK		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME WILLIAM A. C. WITTCREFE		14. MOTHER'S MAIDEN NAME MARY E. MANDLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT ADDRESS LAWRENCE D. RICHTER-2618 E. OLIVER ST.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4/20/52
DUE TO (A) _____		Jan 5. 49
ANTECEDENT CAUSES Hypertensive Cardiovascular disease		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from April 1, 1950 , to April 20, 1952 , that I last saw the deceased alive on April 20, 1952 , and that death occurred at 9:35 m., from the causes and on the date stated above.					
23. SIGNATURE William J. Rydner		23B. ADDRESS 801 N. Kenwood		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE APRIL 24, 52		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) BALTIMORE, MD.		25. FUNERAL DIRECTOR ADDRESS JOHN C. MILLER, INC. 2435 E. OLIVER ST.			
DATE RECEIVED BY LOCAL REGISTRAR APR 22 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

1950

RECEIVED

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

320

52 3868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3868

Registered No. _____

1. NAME OF DECEASED (Type or Print) CHARLES DALE MATTHEWS			2. DATE OF DEATH 4-21-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2825 W. LANVALE ST			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2825 W. Lanvale St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8 1892	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Maker			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY Steel			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles W. Matthews			14. MOTHER'S MAIDEN NAME Rhea Sanders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 213-09-8367		
17. INFORMANT Francis Matthews			ADDRESS 2825 W. Lanvale St		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. None II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			INTERVAL BETWEEN ONSET AND DEATH 10 hours		
19A. DATE OF OPERATION 4-20-52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-21 , 19 41 , to 4-21 , 19 52 , that I last saw the deceased alive on 4-21 , 19 52 and that death occurred at 4 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Sam Ashman			23B. ADDRESS 1201 Taylor Home St		
23C. DATE SIGNED 4-22-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-24-52		24C. NAME OF CEMETERY OR CREMATORY Bethesda National	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Maryland			
25. FUNERAL DIRECTOR Huntington Williams, M.D.			ADDRESS 2503 Edmondson		

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
APR 22 1952

VS 150

503 3A

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Helen

Taylor

2. DATE
OF
DEATH

APR 21 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Caroline

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Ridgley - Rural Denton

D. STREET ADDRESS (If rural, give location)

5500

c. Length of stay in Baltimore

3 days

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 7, 1914

9. AGE (In years
last birthday)

37

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Mitchell

14. MOTHER'S MAIDEN NAME

Pearl Johns

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *422.2*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac ankythmia, question of

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Conjunctive heart failure

(C)

Myocarditis, old, cause unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *4-20-* 1952, to *4-21-* 1952 that I last saw the
deceased alive on *4-21-* 1952 and that death occurred at *2:30 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4-22-52

24A. BURIAL, CEMA-
TION, REMOVAL (Specify)

24B. DATE

4/25/52

24C. NAME OF CEMETERY OR CREMATORY

Silver Brook

24D. LOCATION (City, town, or county)

Denton

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Virgil Moore & Son, Denton, Md

DEPARTMENT OF HEALTH
Baltimore City Health Department
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Mayor	
16. Signature of Minister of Religion		17. Signature of Undertaker		18. Signature of Burial Place		19. Signature of Cemetery		20. Signature of Funeral Home	
21. Signature of Family		22. Signature of Friends		23. Signature of Neighbors		24. Signature of Community		25. Signature of City	
26. Signature of State		27. Signature of Federal Government		28. Signature of International Community		29. Signature of World		30. Signature of Universe	
31. Signature of God		32. Signature of Angels		33. Signature of Saints		34. Signature of Prophets		35. Signature of Apostles	
36. Signature of Disciples		37. Signature of Martyrs		38. Signature of Confessors		39. Signature of Virgins		40. Signature of Monks	
41. Signature of Nuns		42. Signature of Priests		43. Signature of Bishops		44. Signature of Cardinals		45. Signature of Popes	
46. Signature of Emperors		47. Signature of Kings		48. Signature of Queens		49. Signature of Princes		50. Signature of Nobles	
51. Signature of Knights		52. Signature of Lords		53. Signature of Ladies		54. Signature of Dukes		55. Signature of Counts	
56. Signature of Barons		57. Signature of Bishops		58. Signature of Priests		59. Signature of Monks		60. Signature of Nuns	
61. Signature of Friars		62. Signature of Sisters		63. Signature of Brothers		64. Signature of Sisters		65. Signature of Brothers	
66. Signature of Sisters		67. Signature of Brothers		68. Signature of Sisters		69. Signature of Brothers		70. Signature of Sisters	
71. Signature of Brothers		72. Signature of Sisters		73. Signature of Brothers		74. Signature of Sisters		75. Signature of Brothers	
76. Signature of Sisters		77. Signature of Brothers		78. Signature of Sisters		79. Signature of Brothers		80. Signature of Sisters	
81. Signature of Brothers		82. Signature of Sisters		83. Signature of Brothers		84. Signature of Sisters		85. Signature of Brothers	
86. Signature of Sisters		87. Signature of Brothers		88. Signature of Sisters		89. Signature of Brothers		90. Signature of Sisters	
91. Signature of Brothers		92. Signature of Sisters		93. Signature of Brothers		94. Signature of Sisters		95. Signature of Brothers	
96. Signature of Sisters		97. Signature of Brothers		98. Signature of Sisters		99. Signature of Brothers		100. Signature of Sisters	

450

52 3870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3870

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ella Allen</i>		2. DATE OF DEATH <i>4/21/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>16-02</i>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>825 Parrish St</i>			
7. SEX <i>Fe</i>	8. COLOR OR RACE <i>colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. B. DATE OF BIRTH <i>5/26/1889</i>	11. AGE (In years last birthday) <i>63</i>	12. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Lutketon N.C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Price</i>		14. MOTHER'S MAIDEN NAME <i>Martha Hawkins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Miss Martha Austin 825 Parrish St.</i>	
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO ANTECEDENT CAUSES <i>Hemiplegia</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/31</i> , 19 <i>52</i> , to <i>4/21</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4/21</i> , 19 <i>52</i> , and that death occurred at <i>1150</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>D. G. Williams</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>4/21/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4-23-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto. Maryland</i>		24E. (State)		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.R. Lane 802 Madison Ave</i>	

100

U.S. DEPARTMENT OF AGRICULTURE

100

100
100
100

✓

100
100
100

236
52 3871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3871
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Adam Osterman

2. DATE
OF
DEATH

4-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

416 S. Durham Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md. 2-02

D. STREET ADDRESS (If rural, give location)

416 S. Durham Street

Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-7-91.

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

America-Express Co

13. FATHER'S NAME

Adam Osterman

11. BIRTHPLACE (State or foreign country)

Baltimore -

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Osterman - same.

1B. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Acute Cardiac Dilatations

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Myocarditis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Instant

4 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to April 20, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John V. Sezerbicki

M. D.

23B. ADDRESS

1802 Eastern Ave.

23C. DATE SIGNED

4-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-24-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lally & Zeiler Co. 403 S. Wolfe

ADDRESS

St

VS 150

39050

MEDICAL CERTIFICATION

15.00 92

THEORY OF THE EARTH AND ITS HISTORY

1.00 92

THEORY OF THE EARTH AND ITS HISTORY

THEORY OF THE EARTH AND ITS HISTORY

THEORY OF THE EARTH AND ITS HISTORY

652
52 3872BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3872
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Heldegunde Barnes

2. DATE
OF
DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)

St. Francis Convent

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

501 E. Chase St

Length of stay in Baltimore 8 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 10, 1881

9. AGE (in years
last birthday)

71

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Mary's County Md.

12. CITIZEN OF
WHAT COUNTRY?

Md.

13. FATHER'S NAME

Henry Barnes

14. MOTHER'S MAIDEN NAME

Joanna?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother M. Thuma 501 E. Chase St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 week

DUE TO

Arterio-sclerosis. Cerebral

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

1 year

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

No

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1950, to April 17th, 1952, that I last saw the
deceased alive on Apr 18, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Chataud

M. D.

23B. ADDRESS

15 E. Middle St

23C. DATE SIGNED

April 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 23, 1952

New Cathedral Cem.

Frederick Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

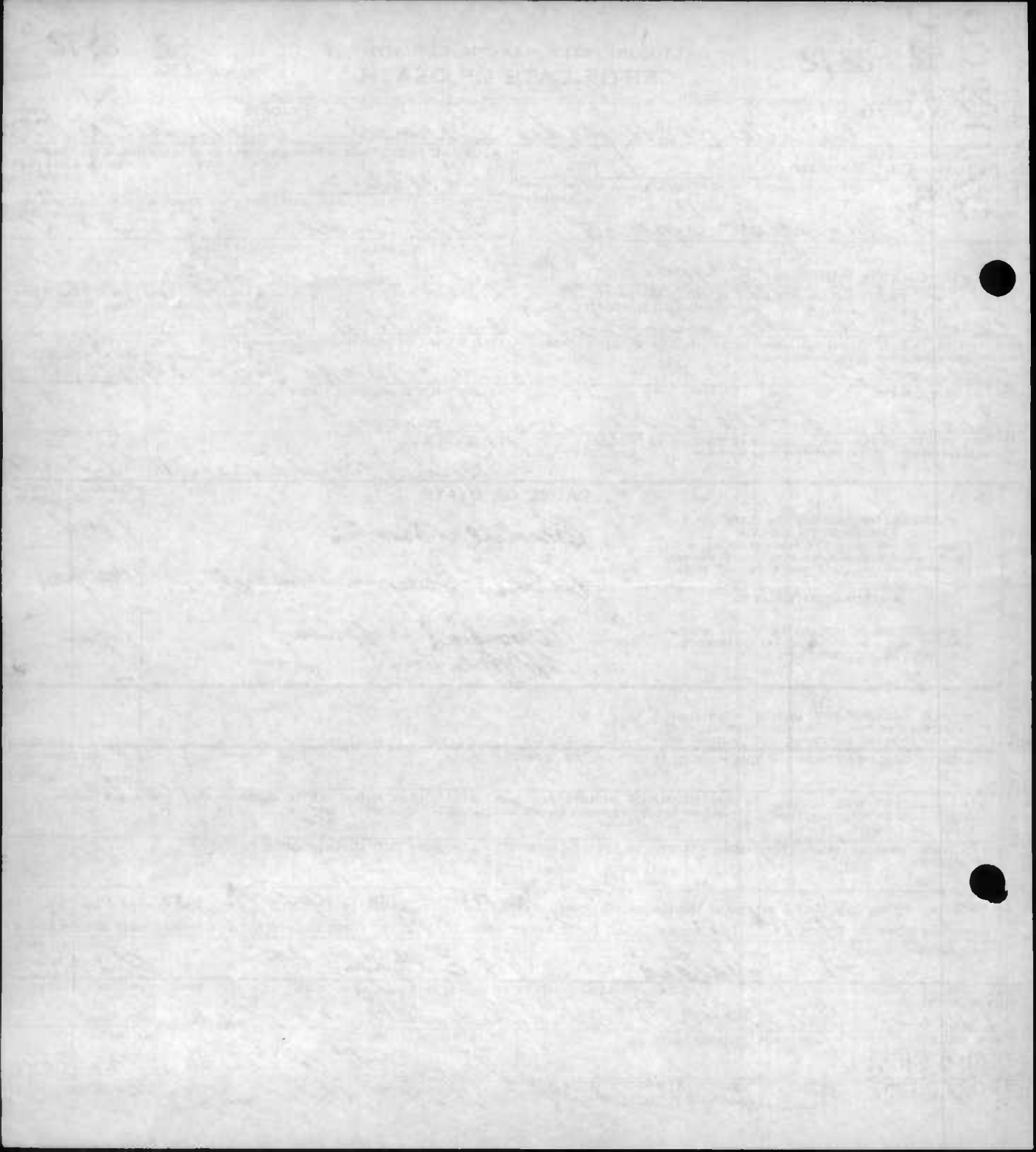
APR 23 1952
APR 23 1952

Huntington Williams, M.D.

Mrs. F. H. A. Elliott & Daughter

1129 N. Caroline St.

0788W



52 3873

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3873

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET J. HOOVER

2. DATE

OF DEATH April 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1227 Walters Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

27-38

D. STREET ADDRESS (If rural, give location)

1227 Walters Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 10, 1881

9. AGE (In years last birthday)

70

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Jamison

14. MOTHER'S MAIDEN NAME

Mary Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

215-07-1088

17. INFORMANT 1227 Walters Avenue -12
(A) John A. Pryor

18. 334X and 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized Arteriosclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of Rectum

6 mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to Apr. 19, 1952, that I last saw the deceased alive on Apr. 18, 1952, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

4/23/52

New Cathedral Cemetery

Baltimore, Md.

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952

Huntington Williams, M.D.

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

RECEIVED
JAN 10 1964

NOV

RECEIVED
JAN 10 1964

354

52 3874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3874
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Delia Bridget Ritmiller

2. DATE
OF DEATH April 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

706 Gorsuch Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-05

D. STREET ADDRESS (If rural, give location)

706 Gorsuch Ave.,

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 26, 1874

9. AGE (in years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

77

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Rowen

14. MOTHER'S MAIDEN NAME

Mary McMahon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. M. G. Neal 706 Gorsuch Ave.,

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis Heart Dis.

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Arteriosclerosis

10 11

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9 am 1942 to 4/20, 1952, that I last saw the deceased alive on 4/20/52, and that death occurred at 11:00 a.m.; from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith Jr.

M. D.

23B. ADDRESS

2402 6 Emden Pl.

23C. DATE SIGNED

4/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-23-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
APR 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

De Sol Smith
1723E North Ave
MO. 5730

520

52 3875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

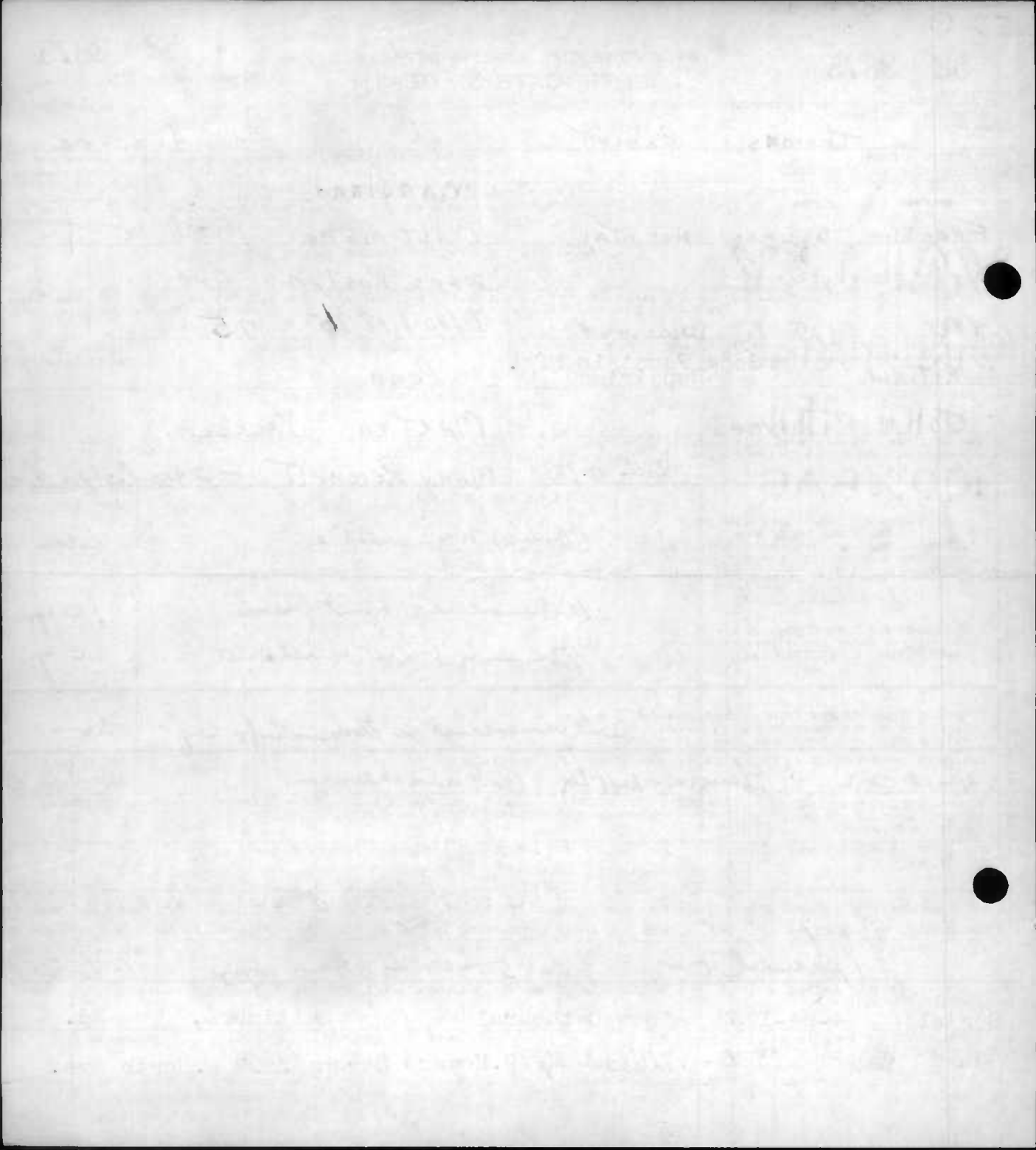
52 3875

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas, Robert		2. DATE OF DEATH 4-22-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
D. STREET ADDRESS (If rural, give location) 2400 Roslyn Ave.		E. LENGTH OF STAY IN BALTIMORE 45 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7/10/1876
9. AGE (In years last birthday) 75		10. CITIZEN OF WHAT COUNTRY? Penn.	
11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY? Penn.	
13. FATHER'S NAME John Thomas		14. MOTHER'S MAIDEN NAME MARtha JACKSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-10-9838	
17. INFORMANT MARY Reichert		ADDRESS - 2400 Roslyn Ave	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic myocarditis		CAUSE OF DEATH (A) Chronic myocarditis DUE TO	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease		(B) Arteriosclerotic Heart Disease DUE TO	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Artery Disease		(C) Coronary Artery Disease DUE TO	
21. DATE OF OPERATION 4-18-52		22. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
23. DATE OF OPERATION 4-18-52		24. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
25. DATE OF OPERATION 4-18-52		26. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
27. DATE OF OPERATION 4-18-52		28. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
29. DATE OF OPERATION 4-18-52		30. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
31. DATE OF OPERATION 4-18-52		32. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
33. DATE OF OPERATION 4-18-52		34. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
35. DATE OF OPERATION 4-18-52		36. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
37. DATE OF OPERATION 4-18-52		38. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
39. DATE OF OPERATION 4-18-52		40. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
41. DATE OF OPERATION 4-18-52		42. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
43. DATE OF OPERATION 4-18-52		44. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
45. DATE OF OPERATION 4-18-52		46. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
47. DATE OF OPERATION 4-18-52		48. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
49. DATE OF OPERATION 4-18-52		50. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
51. DATE OF OPERATION 4-18-52		52. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
53. DATE OF OPERATION 4-18-52		54. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
55. DATE OF OPERATION 4-18-52		56. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
57. DATE OF OPERATION 4-18-52		58. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
59. DATE OF OPERATION 4-18-52		60. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
61. DATE OF OPERATION 4-18-52		62. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
63. DATE OF OPERATION 4-18-52		64. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
65. DATE OF OPERATION 4-18-52		66. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
67. DATE OF OPERATION 4-18-52		68. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
69. DATE OF OPERATION 4-18-52		70. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
71. DATE OF OPERATION 4-18-52		72. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
73. DATE OF OPERATION 4-18-52		74. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
75. DATE OF OPERATION 4-18-52		76. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
77. DATE OF OPERATION 4-18-52		78. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
79. DATE OF OPERATION 4-18-52		80. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
81. DATE OF OPERATION 4-18-52		82. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
83. DATE OF OPERATION 4-18-52		84. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
85. DATE OF OPERATION 4-18-52		86. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
87. DATE OF OPERATION 4-18-52		88. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
89. DATE OF OPERATION 4-18-52		90. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
91. DATE OF OPERATION 4-18-52		92. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
93. DATE OF OPERATION 4-18-52		94. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
95. DATE OF OPERATION 4-18-52		96. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
97. DATE OF OPERATION 4-18-52		98. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	
99. DATE OF OPERATION 4-18-52		100. MAJOR FINDINGS OF OPERATION Coronary Artery Disease	

MEDICAL CERTIFICATION



534

52 3876
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3876
Registered No.

1. NAME OF DECEASED (Type or Print) ABRON HENDLEMAN		2. DATE OF DEATH APRIL 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 42 SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2643 QUANTICO AVE #15	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10B. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry		14. MOTHER'S MAIDEN NAME Barbora	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Goldie Handlemann - Same		ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction	CAUSE OF DEATH Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic Heart Disease	CAUSE TO Arterio-sclerotic Heart Disease	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Emphysema	CAUSE TO Pulmonary Emphysema	

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/13 19 52 to 4/22 , 19 52 , that I last saw the deceased alive on 4/22 , 19 52 , and that death occurred at 3:15 p.m., from the causes and on the date stated above.		
23A. SIGNATURE Erwin Wilkins	23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 4/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4-23-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR Jack Lewis Inc	ADDRESS 2100 Canton Pl

APR 23 1952

2966A

MEDICAL CERTIFICATION

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXCEPT WHERE SHOWN OTHERWISE

WALLACE
TEOMED
ICOMHAP
U.S.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-10-80 BY SP-6 JAC/STP

EXEMPT FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

EXCEPT WHERE SHOWN
OTHERWISE

DATE 10-10-80 BY SP-6 JAC/STP

400

52 3877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3877

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Hall

2. DATE
OF
DEATH

April 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE B. COUNTY before admission)

Md. Baltimore
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville 5200

B. FULL NAME OF (If not in hospital or institution, give street address or location)

36 Franklin Square Hosp.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

36 Bloomingdale Ave.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married (Sep)

8. DATE OF BIRTH

6-2-1887

9. AGE (In years -

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lardner

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Eldersburg Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Julius Hall

14. MOTHER'S MAIDEN NAME

Susan Mogen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Nellie Fleet Bloomingdale Ave 36

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Mitral Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

98 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Arteriosclerotic Heart Disease

?

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-52, 19, to 4-18-52, 19, that I last saw the deceased alive on 4-17-52-19, and that death occurred at 6-30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

To J. Maloney MD

M. D. 52 Winter Lane 28

4/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

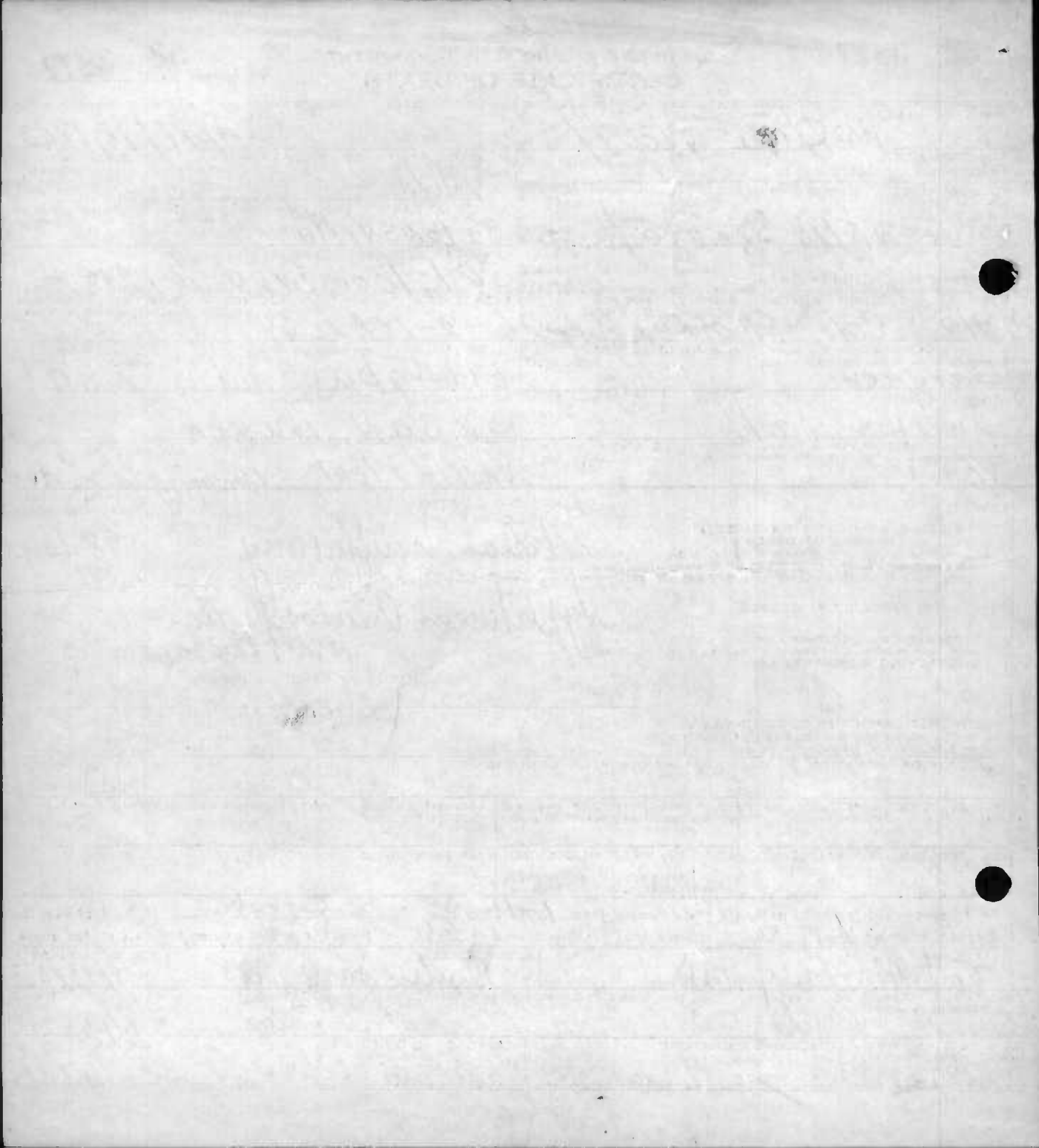
ADDRESS

APR 23 1952

Huntington Williams, MD

Mr. R. Williams

Schwartz St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAIAH

GRIER

2. DATE
OF
DEATH

April 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married (Sep)

8. DATE OF BIRTH

June 10, 1915

9. AGE (In years
last birthday)

36

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

Winnabow S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clinton Green

14. MOTHER'S MAIDEN NAME

Sarah Lightner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Booker T. Green

ADDRESS

**9419
Aunah Ave**

18. **490X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Lobar pneumonia**

DUE TO

ANTECEDENT CAUSES

Fatty liver

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

April 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

April 25, 1952

Winnabow S.C.

Winnabow S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FR 23102

Huntington Williams

Mrs. Katie B. Williams

Schwartz

322 N

STATE OF OHIO
DEPARTMENT OF REVENUE

No.		Date		Particulars		Amount	

-252

52 3879

52 3879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Wiggins

2. DATE
OF
DEATH

4/21/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

441 Orchard St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 11-03
441 Orchard St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years/
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

yes

WW

218-09-00

Nellie Wiggins 441 Orchard

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/6/52, 19, to 4/21/52, 19, that I last saw the
deceased alive on 4/20/52, 19, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952

Huntington Williams, M.D.

Salstead 918 Druid

VS 150

683 52

Hill ave

MEDICAL CERTIFICATION

Obituary to be
written
and signed by

1/1/10
1/1/10
1/1/10

1/1/10
1/1/10
1/1/10

360

52 3880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3880

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Gos. Hosp D.O.A.

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber Ret Contractors

10B. KIND OF BUSINESS OR INDUSTRY

Contractors

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Thater

CONJT.

14. MOTHER'S MAIDEN NAME

Catherine Dill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Melva Thater 1404 Ramsay St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

10 Minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-50, 19__, to 4-21-52, 19__, that I last saw the deceased alive on 3-15-52, 19__, and that death occurred at 10-1__ m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racusin

M. D.

23B. ADDRESS

206 S. Gilman St

23C. DATE SIGNED

4-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-25-52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

J. C. M. Walters

ADDRESS

57424 PRATTY STRICKER STS

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

WATER

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Time of death: _____

8. Cause of death: _____

9. Place of death: _____

10. Signature of attending physician: _____

11. Signature of medical examiner: _____

12. Signature of registrar: _____

52 3882

Aho

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3882
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Otto Aho		2. DATE OF DEATH 4/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 6609 O'Donnell		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 26-36			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 6609 O'Donnell St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH April 9	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lin Mill		10B. KIND OF BUSINESS OR INDUSTRY Belt & Steel		11. BIRTHPLACE (State or foreign country) Finland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Herman Aho		14. MOTHER'S MAIDEN NAME Hemma	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS J O Aho 551 Woodland Walling	
18. 331X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) cerebral hemorrhage			
ANTECEDENT CAUSES		(B) Hypertension			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/31 , 19 52 , to 4/18 , 19 52 , that I last saw the deceased alive on 4/18 , 19 52 , and that death occurred at 4:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Harry		23B. ADDRESS 6006 Eastern av		23C. DATE SIGNED 4/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE April 23/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) (State) Balto Co		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 2112 Dunbar	

60 years

April 1976

530

52 3883
AB-158117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3883
Registered No.

1. NAME OF DECEASED (Type or Print)		Howard Hildt Smith, Sr.		2. DATE OF DEATH		4-20-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 3008 California Ave. zone 14			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 8-1874	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown (Dec.)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 217-01-4193		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			
18. E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH I DUE TO (A) Bronchopneumonia ANTECEDENT CAUSES DUE TO (B) CERTIFICATION APPROVED BY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) CHIEF OR ASST. MEDICAL EXAMINER II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of Left Hip INTERVAL BETWEEN ONSET AND DEATH 48hrs. 15days							
19A. DATE OF OPERATION 4-8-1952		19B. MAJOR FINDINGS OF OPERATION Fracture of Left Hip-Smith Peterson Nailing		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3005 California Ave. zone 14			
21D. TIME (Month) (Day) (Year) (Hour) INJURY 4-5-1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell while attempting to stand			
22. I hereby certify that I attended the deceased from 4-7-1952, to 4-20-1952, that I last saw the deceased alive on 4-20-1952, and that death occurred at 12.30PM from the causes and on the date stated above.							
23A. SIGNATURE J. H. Wagoner M. D.				23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 4-21-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4-23-52		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road			

VS 150

N 820.0

TO BE APPROVED BY THE MEDICAL EXAMINER

MEDICAL CERTIFICATION

1912

STATE OF TEXAS
COUNTY OF DALLAS

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

1912

362
52 3884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3884

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Cheney Patterson

2. DATE
OF
DEATH

April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 219 Northway

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

219 Northway

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 18 1878

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Newspaper

10B. KIND OF BUSINESS OR
INDUSTRY

Newspaper

13. FATHER'S NAME

James March Patterson

11. BIRTHPLACE (State or foreign country)

Jacksonville, Ill

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

D. H. Patterson RFD #3 Annapolis

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) embolism of the liver

DUE TO

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arterio-sclerosis

DUE TO

3 yrs.

(C)

11
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:20, 1942 to 4:21, 1952, that I last saw the
deceased alive on 4:21, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter B. Cullen M. D.

23B. ADDRESS

6 E. Engle St. Balto-2

23C. DATE SIGNED

4-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Apr. 24 1952

24C. NAME OF CEMETERY OR CREMATORY

Dorsey Ridge

24D. LOCATION (City, town, or county)

Pikesville Balto. Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

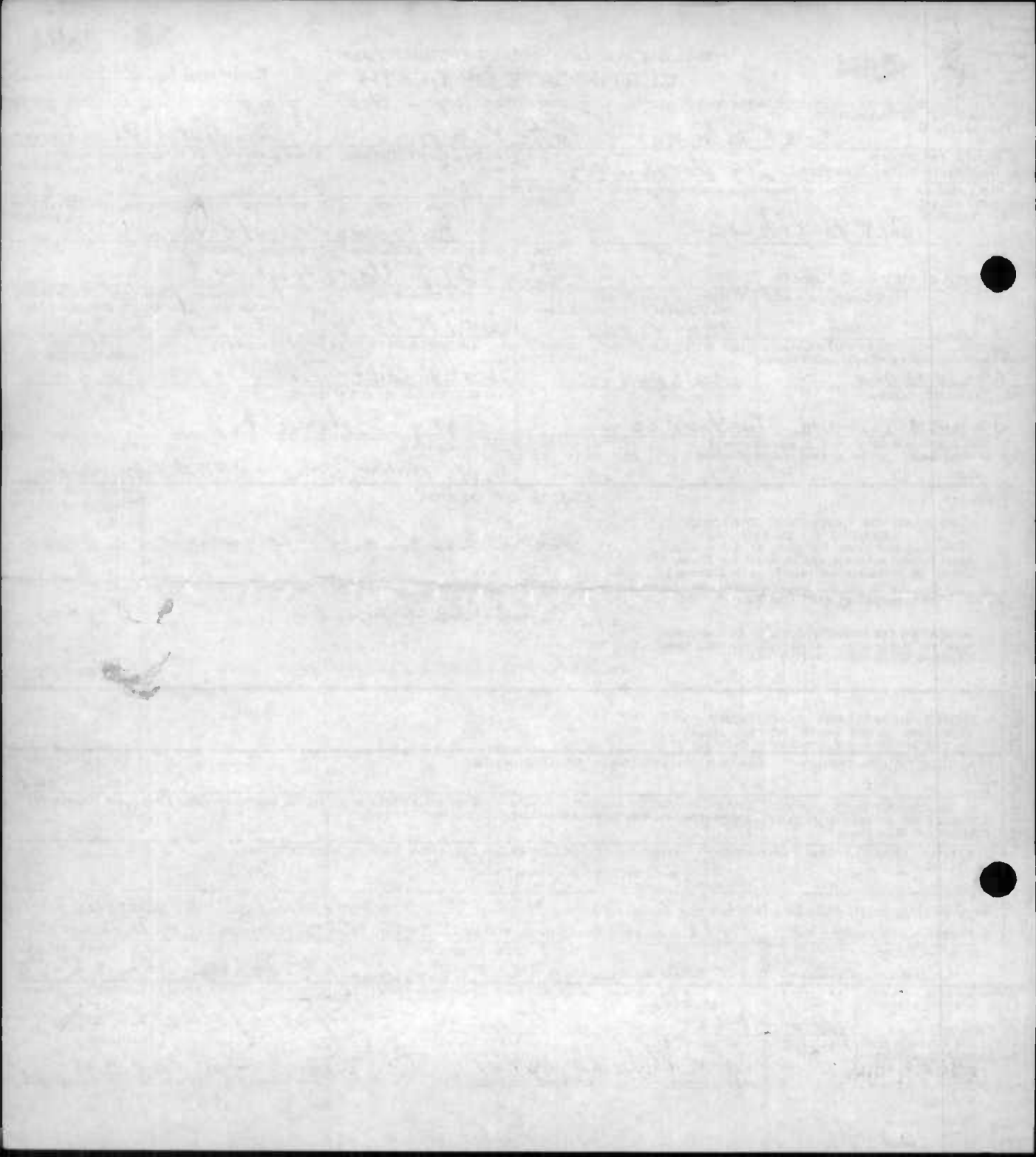
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wentworth Sons Co 4905 York Rd.



000
52 3885

52 3885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN E. DAY

2. DATE
OF
DEATH

APRIL 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

425 CROVDEN RD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD

B. COUNTY

before admission)

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

27-12

D. STREET ADDRESS (If rural, give location)

425 CROVDEN RD.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 19, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

THEODORE ROBINSON

14. MOTHER'S MAIDEN NAME

-HELEN WATKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

RUTH E. DAY

ADDRESS

SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary occlusion

10 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TOHypertension, arteriosclerosis,
coronary occlusion disease

5 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1947 to April 21, 1952 that I last saw the
deceased alive on April 1, 1952 and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

4-24-1952

LODOW PARK

BALTO.

MD.

APR 23 1952

Huntington Williams, M.D.

H.W. JENKINS & SONS Co. 4905 YORK RD.

1528334

150
52 3886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3886

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anne Bathurst Dobbin</i>		2. DATE OF DEATH <i>April 22-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1308 Bolton St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11-04</i>			
C. Length of stay in Baltimore <i>73</i>		D. STREET ADDRESS (If rural, give location) <i>1308 Bolton St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Jan. 6-1879</i>	9. AGE (in years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Elkridge - Howard County</i>	
13. FATHER'S NAME <i>Thomas M. Dobbin</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
14. MOTHER'S MAIDEN NAME <i>Harrison, Bessie</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Margaret G. Goshen - Same</i>			
18. <i>492X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Virus pneumonia</i> DUE TO		CAUSE OF DEATH <i>Virus pneumonia</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/9</i> , 1952, to <i>4/22/</i> , 1952, that I last saw the deceased alive on <i>4/22/</i> , 1952, and that death occurred at <i>6 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry D. McCarty</i>		23B. ADDRESS <i>37 W. Preston St.</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>April 24, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Grace Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Elkridge</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Mortuary W. Jenkins & Sons, Co. 4905 York Road.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

increased with

12 1/2 1/4 12 1/2 1/4

Th. J. J. J. J. J.

12 1/2 1/4

Th. J. J. J. J. J.

Dr. H. D. McCarty
37 W. Preston St.

512
52 3887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3887
Registered No.

1. NAME OF DECEASED (Type or Print) Frederica McLane Tompkins		2. DATE OF DEATH April 21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mrs. Wheeler's Nursing Home 1700 Park Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Blackstone Apts.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James L. McLane		14. MOTHER'S MAIDEN NAME Fanny King McLane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dr. John A. Tompkins		ADDRESS Blackstone Apts.	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, Breast, recurrent 2 yrs DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION Mar. 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec , 19 49 , to Apr. 21, 1952 , that I last saw the deceased alive on Apr. 21, 1952 and that death occurred at 9:15 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Phm W. Pearson		23B. ADDRESS 11 E. 6th St.	
23C. DATE SIGNED Apr. 23, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 23/52	
24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Mary H. Ritz	
		ADDRESS 4101 Edmondson Ave	

MEDICAL CERTIFICATION

630

52

3888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3888

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RUTH BEATRICE BOARD			2. DATE OF DEATH April 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Montgomery		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Woman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethesda		
C. Length of stay in Baltimore ? 15 days			D. STREET ADDRESS (If rural, give location) 8511 Irvington Avenue 6500		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/28/09		9. AGE (In years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) W.Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Orlando Fouse			14. MOTHER'S MAIDEN NAME Attie Reed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 366-30-8428	17. INFORMANT ADDRESS Records - US PHS Hospital, Balto, Md.		

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia, acute		INTERVAL BETWEEN ONSET AND DEATH Approx. 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic carcinoma of uterus (resected)		Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ?		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 7, 1952 to Apr. 22, 1952 , that I last saw the deceased alive on Apr. 22, 1952 and that death occurred at 7:10P m. from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 4/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 4-23-52		24C. NAME OF CEMETERY OR CREMATORY Bethesda, Md	
24D. LOCATION (City, town, or county) (State) Bethesda, Md		24E. DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952			
24F. REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Robert A. Humphrey, Jr			

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of church		22. Signature of school		23. Signature of business		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

530
52 3889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3889

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Irving Smith</i>		2. DATE OF DEATH <i>April 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt</i> <i>10-01</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>May 28, 1870</i>
9. AGE (In years last birthday) <i>81</i>		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balt</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Irving Smith</i>		14. MOTHER'S MAIDEN NAME <i>Lusan Read</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral Hemorrhage</i> (A) DUE TO <i>Arterio Sclerosis -</i> (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>5 yrs</i>
--	---

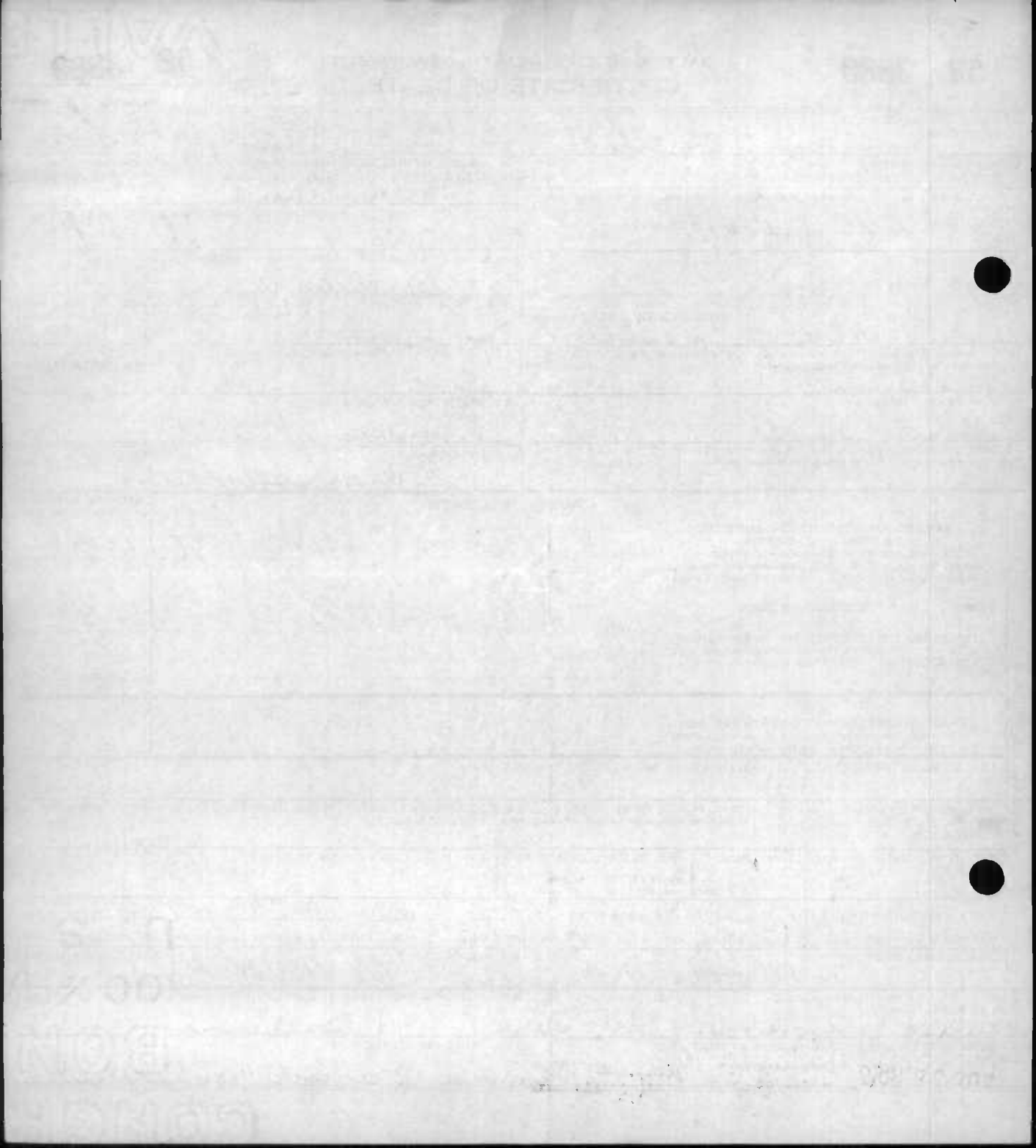
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Apr-15*, 1952, to *Apr-22*, 1952, that I last saw the deceased alive on *Apr-21*, 1952, and that death occurred at *8 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E Gail Hall Md</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>April 22-52</i>
---	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 24/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>	ADDRESS <i>908 E Biddle St</i>



324
52 3890BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3890

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Frances E. Botzler</i>	
2. DATE OF DEATH <i>4/22/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>233 S. Bouldin St.</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 26-10</i>	
D. STREET ADDRESS (If rural, give location) <i>233 S. Bouldin St.</i>	
5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>4/9/1874</i>	
9. AGE (In years last birthday) <i>78</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	
11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>	
14. MOTHER'S M maiden NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>215-01-4022</i>	
17. INFORMANT <i>5 Shore Road, Essex Harry Botzler Riversides - Orville 4x</i>	
18. 42211 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>arteriosclerotic cardio vascular disease</i> DUE TO <i>with chronic congestive heart failure</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 19 <i>51</i> , to <i>April</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>April 19, 1952</i> , and that death occurred at <i>6:45 PM.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Burton V. Lock M.D.</i>	
23B. ADDRESS <i>2936 E Balto St</i>	
23C. DATE SIGNED <i>4/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>4/25/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Eastern Ave Extended, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1952</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	
25. FUNERAL DIRECTOR <i>W. Cook Inc. 1217 St. Paul St.</i>	
ADDRESS	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1911

THIS CERTIFICATE OF DEATH IS
ISSUED BY THE REGISTRAR OF
VITAL RECORDS OF THE STATE OF
NEW YORK, IN ACCORDANCE WITH
THE PROVISIONS OF THE
VITAL RECORDS ACT OF 1901,
AS AMENDED BY THE
VITAL RECORDS ACT OF 1905,
AND THE VITAL RECORDS ACT OF 1910.

450
52 3891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3891
Registered No.

1. NAME OF DECEASED (Type or Print) Andrew E. Klemm		2. DATE OF DEATH April 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 110 N. Greene Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 11, 1891
9. AGE (In years last birthday) 60		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Business		10B. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christian Klemm		14. MOTHER'S MAIDEN NAME Margaretha Vaupel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Occo Klemm		ADDRESS 110 N. Greene Street	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Dis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/20/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 5 , 19 49 , to April 22 , 19 52 , that I last saw the deceased alive on Jan. 24 , 19 52 , and that death occurred at 4:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE George Sawyer		23B. ADDRESS 4808 Harford Rd.		23C. DATE SIGNED 4/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/24/52		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. LOCATION (State) Maryland			
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook & Co.	
		ADDRESS 1217 St. Paul Street			

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NO. 100

DATE OF DEATH
1968

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Usual residence: _____

7. Date of death: _____

8. Time of death: _____

9. Cause of death: _____

10. Place of death: _____

11. Signature of attending physician: _____

12. Signature of medical examiner: _____

13. Signature of registrar: _____

14. Signature of informant: _____

15. Signature of funeral director: _____

16. Signature of coroner: _____

17. Signature of physician: _____

18. Signature of nurse: _____

19. Signature of pharmacist: _____

20. Signature of dentist: _____

21. Signature of veterinarian: _____

22. Signature of other health care provider: _____

23. Signature of other health care provider: _____

24. Signature of other health care provider: _____

25. Signature of other health care provider: _____

26. Signature of other health care provider: _____

27. Signature of other health care provider: _____

28. Signature of other health care provider: _____

29. Signature of other health care provider: _____

30. Signature of other health care provider: _____

31. Signature of other health care provider: _____

32. Signature of other health care provider: _____

33. Signature of other health care provider: _____

34. Signature of other health care provider: _____

35. Signature of other health care provider: _____

36. Signature of other health care provider: _____

37. Signature of other health care provider: _____

38. Signature of other health care provider: _____

39. Signature of other health care provider: _____

40. Signature of other health care provider: _____

41. Signature of other health care provider: _____

42. Signature of other health care provider: _____

43. Signature of other health care provider: _____

44. Signature of other health care provider: _____

45. Signature of other health care provider: _____

46. Signature of other health care provider: _____

47. Signature of other health care provider: _____

48. Signature of other health care provider: _____

49. Signature of other health care provider: _____

50. Signature of other health care provider: _____

51. Signature of other health care provider: _____

52. Signature of other health care provider: _____

53. Signature of other health care provider: _____

54. Signature of other health care provider: _____

55. Signature of other health care provider: _____

56. Signature of other health care provider: _____

57. Signature of other health care provider: _____

58. Signature of other health care provider: _____

59. Signature of other health care provider: _____

60. Signature of other health care provider: _____

61. Signature of other health care provider: _____

62. Signature of other health care provider: _____

63. Signature of other health care provider: _____

64. Signature of other health care provider: _____

65. Signature of other health care provider: _____

66. Signature of other health care provider: _____

67. Signature of other health care provider: _____

68. Signature of other health care provider: _____

69. Signature of other health care provider: _____

70. Signature of other health care provider: _____

71. Signature of other health care provider: _____

72. Signature of other health care provider: _____

73. Signature of other health care provider: _____

74. Signature of other health care provider: _____

75. Signature of other health care provider: _____

76. Signature of other health care provider: _____

77. Signature of other health care provider: _____

78. Signature of other health care provider: _____

79. Signature of other health care provider: _____

80. Signature of other health care provider: _____

81. Signature of other health care provider: _____

82. Signature of other health care provider: _____

83. Signature of other health care provider: _____

84. Signature of other health care provider: _____

85. Signature of other health care provider: _____

86. Signature of other health care provider: _____

87. Signature of other health care provider: _____

88. Signature of other health care provider: _____

89. Signature of other health care provider: _____

90. Signature of other health care provider: _____

91. Signature of other health care provider: _____

92. Signature of other health care provider: _____

93. Signature of other health care provider: _____

94. Signature of other health care provider: _____

95. Signature of other health care provider: _____

96. Signature of other health care provider: _____

97. Signature of other health care provider: _____

98. Signature of other health care provider: _____

99. Signature of other health care provider: _____

100. Signature of other health care provider: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 3892

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob L. Meier Sr

2. DATE OF DEATH

Mon April 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1627 Kanawha St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

23-02

D. STREET ADDRESS (If rural, give location)

1627 Kanawha St

6. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

Oct 22, 1898

11. AGE (In years last birthday)

53

12. If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Molder

10B. KIND OF BUSINESS OR INDUSTRY

Balto Foundry Co

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

Ludwig Meier

FROM FOREIGN

14. MOTHER'S MAIDEN NAME

Lena Schmaelentack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Mrs. Lulu A. Meier 1627 Kanawha St

18. *177X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary of heart (with HTension & lungs + bowe)*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Possible Pilemon of lungs*
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/5/51*, 19*51*, to *4/21/52*, 19*52*, that I last saw the deceased alive on *4/18/52*, 19*52*, and that death occurred at *5:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

R. P. Friedman

23B. ADDRESS

1319 Lister St.

23C. DATE SIGNED

4/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Apr. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

Louison Park Cem.

24D. LOCATION (City, town, or county)

Balto md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Gr. Howard Evans

ADDRESS

5613B/4005 Charles St Balto 39 Md.

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF DEATHS

STATE OF NEW YORK

DEPARTMENT OF HEALTH

NEW YORK, N. Y.

DEATH CERTIFICATE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

<div style="display: flex; justify-content: space-between;"> 120 3893 BALTIMORE CITY HEALTH DEPARTMENT 52 3893 </div> <div style="text-align: center;"> CERTIFICATE OF DEATH </div>			
BIRTH NO. <u>50-25693</u>		Registered No. <u>52 3893</u>	
1. NAME OF DECEASED (Type or Print) <u>Joyce Davis</u>		2. DATE OF DEATH <u>4-20-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>11-04</u>	
Length of stay in Baltimore <u>18</u> Yrs. <u>1</u> Mos. <u>6</u> Days		D. STREET ADDRESS (If rural, give location) <u>1229 McCulloch St.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Nov. 11, 1950</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>1</u> <u>6</u> Months <u>6</u> Days
13. FATHER'S NAME <u>James Davis</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes/no or unknown)		16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME <u>Ruby Hebron</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS <u>Mr. James Davis, 1229 McCulloch St.</u>	
18. <u>491X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <u>Acute Bronchiolitis</u>		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) _____ DUE TO (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-20</u> , 19 <u>52</u> to <u>4-20</u> , 19 <u>52</u> that I last saw the deceased alive on <u>4-20</u> , 19 <u>52</u> , and that death occurred at <u>5:09 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Robert H. Hays Jr.</u>		23B. ADDRESS <u>University Hospital</u>	
23C. DATE SIGNED <u>4-20-52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>April 24, 1952</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 23 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
VS 150		25. FUNERAL DIRECTOR ADDRESS <u>Joseph L. Russ, 1200 McCulloch St., Balt., Md.</u>	

MEDICAL CERTIFICATION

160

52 3894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 3894

1. NAME OF DECEASED (Type or Print) <u>Hooper, Charles Seaman</u>		2. DATE OF DEATH <u>April 21, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore <u>life</u> Yrs. <u>life</u> Mos. <u>life</u> Days <u>life</u>		D. STREET ADDRESS (If rural, give location) <u>607 Parkwyrtth Ave.</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-22-1892</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk, Superior Court</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Baltimore, City</u>	9. AGE (In years last birthday) <u>59</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Seaman Hooper</u>		14. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>607</u>	
17. INFORMANT <u>Mrs. Elizabeth V. Hooper</u>		ADDRESS <u>Parkwyrtth Ave.</u>	

18. <u>592X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Chronic glomerulonephritis</u> DUE TO (A) <u>Chronic glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Auricular fibrillation; Bilateral pulmonary emphysema; Arteriosclerotic cardiovascular disease</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 15</u> , 1952, to <u>April 21</u> , 1952, that I last saw the deceased alive on <u>April 21, 1952</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. P. Gaffay Jr.</u>		23B. ADDRESS <u>1100 N. Caroline St.</u>		23C. DATE SIGNED <u>April 21, 1952</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-25-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 23 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>John C. Moran</u>		ADDRESS <u>3000 E. Baltimore St.</u>	

MEDICAL CERTIFICATION

THE STATE OF NEW YORK
IN SENATE
January 10, 1950
REPORT
OF THE
COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES
IN RESPONSE TO RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1949
ALBANY: THE STATE OF NEW YORK
1950

Typed Exam Case Released

52 3895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3895

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ball Thomas

2. DATE
OF
DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Acc Room

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

317 N. Eden St.

Length of stay in Baltimore

40 days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
~~WIDOWED~~, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 19, 1876

9. AGE (In years
last birthday)

75 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis 1 yr

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1952 to 4-19, 1952 that I last saw the
deceased alive on 4-19, 1952, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23. SIGNATURE

Richard S. Ross, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/20/52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/23/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Cal Cat

24D. LOCATION (City, town, or county) (State)

Brooklyn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Chas A. Williams 1001 Beantley Rd.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

To be approved By Med. Examiner

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE
B. H. Fisher
..... M.D.
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3896**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Francis William Anderson

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3514 Poole Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3514 Poole Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 10, 1886

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer

10B. KIND OF BUSINESS OR INDUSTRY

Retired 3 yrs.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Marion F. Anderson

14. MOTHER'S MAIDEN NAME

Rosella McCleary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-03-5741

17. INFORMANT

Mrs. Lula L. Anderson 3514 Poole Street

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension e v d.

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-22-49**, 19**49**, to **4-22**, 19**52**, that I last saw the deceased alive on **4-22**, 19**52**, and that death occurred at **4:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

APR 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgess Funeral Home 3631 Falls Road

ADDRESS

Rosace F. Burgess

VS 150

573 24

MEDICAL CERTIFICATION

1938

1938

DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

WASHINGTON, D. C.

WASHINGTON, D. C.

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3897**

452
52 3897

1. NAME OF DECEASED (Type or Print) Elsie Bilenki		2. DATE OF DEATH 4/21/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland	
D. STREET ADDRESS (If rural, give location) 1618 Church St.			
5. LENGTH OF STAY IN BALTIMORE 37 yrs		6. DATE OF BIRTH 7/20/14	
7. SEX Female	8. COLOR OR RACE White	9. AGE (in years last birthday) 37	10. Under 1 Year Months: Days
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		12. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Cleaner		10B. KIND OF BUSINESS OR INDUSTRY Balto Enamel	
13. FATHER'S NAME Alex Balonis		14. MOTHER'S MAIDEN NAME Josephine Gracka	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-03-5395	
17. INFORMANT Paul Belenki (Husband)		ADDRESS Same	
18. 540.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia & Peritonitis		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO			
ANTECEDENT CAUSES Pancreatitis			
DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Gastric Resection, peptic ulcer perforated into pancreas			
DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 3/30/52		19B. MAJOR FINDINGS OF OPERATION Perforated duodenal ulcer	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/26/1952 to 4/21/1952 , that I last saw the deceased alive on 4/26/1952 and that death occurred at 5:20 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Arthur J. Hoge		23B. ADDRESS Bon Secours Hosp.	
23C. DATE SIGNED 4-21-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 25-52	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) A.A.Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wm. S. Fialkowski		ADDRESS 2007 Eastern Ave	

MEDICAL CERTIFICATION

97082

18
18
18

Undertaker

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **3898**

420
BIRTH NO. **3898**

1. NAME OF DECEASED (Type or Print) Mary Haluch			2. DATE OF DEATH 4-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Balto. Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3809 Leo St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md 2500		
D. STREET ADDRESS (If rural, give location) 3809 Leo St			E. _____		
5. SEX F			6. COLOR OR RACE W		
7. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) _____			8. DATE OF BIRTH 1873		
9. AGE (in years last birthday) 78			10. Under 1 Year Months: _____ Days: _____		
11. Under 24 Hours Hours: _____ Min: _____			12. CITIZEN OF WHAT COUNTRY? _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY _____		
13. FATHER'S NAME Frank Bialobok			14. MOTHER'S MAIDEN NAME Frances		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Wm. Haluch			ADDRESS 3809 Leo St		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO _____		
(B) DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **3-21**, 19**52**, to **4-22**, 19**52**, that I last saw the deceased alive on **3-21**, 19**52** and that death occurred at **10:25** am., from the causes and on the date stated above.

23A. SIGNATURE M. S. Fialkowski		M. D. 4016 Ritcher Hwy		23C. DATE SIGNED 4-22-52	
---	--	-------------------------------	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 26-52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) A. A. Co. Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D. Wm. S. Fialkowski			
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		ADDRESS 2007 Eastern Ave			

MEDICAL CERTIFICATION

1-2-34

1-2-34
1-2-34
1-2-34
1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

1-2-34

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3899**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Boyer, Florence E.		2. DATE OF DEATH April 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6606 Danville Ave.		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 29
13. FATHER'S NAME Peter Paul Weber		14. MOTHER'S MAIDEN NAME Michalina Shinka	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-18-1319	
17. INFORMANT Harvin Boyer		ADDRESS 6606 Danville Ave.	
18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic lymphocytic leukemia DUE TO (A) Chronic lymphocytic leukemia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 20, 1952 , to April 21, 1952 that I last saw the deceased alive on April 21, 1952 and that death occurred at 6:20 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE C. P. Coffey Jr.		23B. ADDRESS 1100 N. Caroline St.	
23C. DATE SIGNED April 21, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 25/52	
24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem		24D. LOCATION (City, town, or county) (State) Balto. County	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. M. Weber		ADDRESS 401 S. Chester	

100

100

100

100

100

WALL EX
100

600
52 3900BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3900

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leary, John T.

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2702 Evergreen Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

April 4, 1872

9. AGE (in years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tavern owner

10B. KIND OF BUSINESS OR
INDUSTRY

ret. 20yrs.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

Leary

14. MOTHER'S MAIDEN NAME

Ellen Donahae

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, on or unknown)

(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 3507 Morrison St. N.W.

Miss Margaret Leary- Wash. 15, D.C.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1952 to April 22, 1952, that I last saw the
deceased alive on April 22, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

April 22, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/24/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD

ADDRESS

VS 150

3900

536
3901

52 3901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FREDERICK WILLIAM GUNTHER		2. DATE OF DEATH Apr. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-01			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3133 Lawnview Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3133 Lawnview Avenue			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1877	9. AGE (In years last birthday) 74	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY CANS		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME August Gunther		14. MOTHER'S MAIDEN NAME Lizetta Hobelmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 215-05-9428		17. INFORMANT 3133 Lawnview Avenue -13 Mrs. Bertha Gunther	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic cardio-vascular disease DUE TO disease		CAUSE OF DEATH (A) Arterio-sclerotic cardio-vascular disease (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-9- , 19 46 to 4-22- , 19 52 that I last saw the deceased alive on 4-22- , 19 52 , and that death occurred at 1:20 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Emilio C. Rany		23B. ADDRESS 2117 Belair Rd		23C. DATE SIGNED 4-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/25/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC	
VS 150		BALTO., 13, MD		George J. Sander	

MEDICAL CERTIFICATION

5443D

DECLARATION OF DEATH

1. Name of deceased
2. Date of death
3. Place of death
4. Cause of death
5. Signature of declarant
6. Signature of witness
7. Signature of physician

DECLARATION OF DEATH
I, the undersigned, do hereby declare that the above named person has died at the place and on the date stated above, and that the cause of death is as stated above.

Signature of declarant
Signature of witness
Signature of physician

53 ✓
52 3902

LEW ANDOWSKI

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3902

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Maryanna Lewandowski</i>		2. DATE OF DEATH <i>April 21 / 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1822 Bank St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Ind.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1822 Bank St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH	9. AGE (In years last birthday) <i>72.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wf</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>(Poland)</i>	
13. FATHER'S NAME <i>Jacob Brenski</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>George Lewandowski</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (as in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 10</i> , 19 <i>52</i> , to <i>April 21</i> , 19 <i>52</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Edmund Kucerski</i>		23B. ADDRESS <i>2529 Eastern av.</i>		23C. DATE SIGNED <i>4-22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>April 24 / 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (City, town, or county) <i>Baltimore</i>		24F. LOCATION (City, town, or county) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FUNERAL DIRECTOR <i>Frank M. Grogowski</i>	
VS 150		1980 Edition			

MEDICAL CERTIFICATION

Page 2

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

[Faint, mostly illegible text and markings covering the page, including what appears to be a large, faint "X" or "A" in the center and various lines of text.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3903**

BIRTH NO. 212 3903

1. NAME OF DECEASED (Type or Print) <i>Jacob Josephson</i>		2. DATE OF DEATH <i>Apr. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md</i> B. COUNTY <i>15-38</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. LENGTH OF STAY IN BALTIMORE		D. STREET ADDRESS (If rural, give location) <i>3816 Woodhaven Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6-14-95</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	9. AGE (In years, last birthday) <i>56</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Roumania</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Josephson</i>		14. MOTHER'S MAIDEN NAME <i>Pauline Weinstein</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. 150X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Carcinoma of Esophagus</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Partial Esophagectomy</i> DUE TO (C)	<i>5 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>4/18/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma Esophagus</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4/17, 1952, to 4/23, 1952, that I last saw the deceased alive on 4/23, 1952, and that death occurred at 9:40 a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Emil Blair</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4/23/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>4/23/52</i>	24C. NAME OF CEMETERY <i>mt. Lebanon</i>
24D. LOCATION (City, town, or county) (State) <i>New Jersey</i>	25. FUNERAL DIRECTOR <i>Wm. Book, Inc., 121 St. Paul St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 23 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	

1000 0000

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1000

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15, 1925*
5. Place of birth: *New York, N.Y.*
6. Usual residence: *123 Main St, New York, N.Y.*
7. Date of death: *Dec 10, 1970*
8. Time of death: *10:30 AM*
9. Place of death: *Home*
10. Cause of death: *Heart Disease*
11. Manner of death: *Natural*
12. Signature of physician: *[Signature]*
13. Signature of registrar: *[Signature]*

14. Name of informant: *John Doe*
15. Relationship to deceased: *Spouse*
16. Signature of informant: *[Signature]*
17. Date of completion: *Dec 15, 1970*

18. Name of informant: *John Doe*
19. Relationship to deceased: *Spouse*
20. Signature of informant: *[Signature]*
21. Date of completion: *Dec 15, 1970*
22. Name of informant: *John Doe*
23. Relationship to deceased: *Spouse*
24. Signature of informant: *[Signature]*
25. Date of completion: *Dec 15, 1970*

CERTIFICATE CORRECTED 4-28-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 3904

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CRANDALL, Harold E.		4/22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. W. Va. B. COUNTY Balto.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
FRANKLIN Square Hospital		Baltimore War V-45			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		1517 W. Balto. St. None			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White	Married	7-28-1910	41	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Mechanic		?	Fairview, W. Va.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Clyde E. Crandall		- Talkington			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Mrs. Nellie Crandall (Wife) War, W. Va.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral hemorrhage			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension 200/120			
		DUE TO			
		(C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4.22, 1952 to 4.22, 1952 that I last saw the deceased alive on 7.10.42 and that death occurred at 7.50 p. m. from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Robert H. Simpson		Franklin Square Hospital			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
REMOVAL		4/23/52		O.J. DOUGLAS MORTUARY	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS			
WELCH WEST VIRGINIA		JOHN T. STANSBURY 2700 EDMONDSON AVE.			
DATE RECEIVED BY LOCAL REGISTRY		REGISTRAR'S SIGNATURE			
APR 23 1952		Huntington Williams, M.D.			

MAR 81

1000

5

[Faint, mostly illegible text covering the main body of the page, possibly bleed-through from the reverse side.]

CONFIDENTIAL - SECURITY INFORMATION

164

52 3905

BALTIMORE CITY HEALTH DEPARTMENT

52 3905

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-08246

1. NAME OF DECEASED
(Type or Print)

Baby Girl Spruill

2. DATE
OF
DEATH

April 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 1/8-0 B

D. STREET ADDRESS (If rural, give location)

106 So. Calender Street

8. DATE OF BIRTH

April 10, 1952

9. AGE (in years last birthday)

H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Erwin Sinclair Spruill

14. MOTHER'S MAIDEN NAME

Dixie Mae Magee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anoxia, cause unknown

INTERVAL BETWEEN ONSET AND DEATH

42 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to April 10, 1952, that I last saw the deceased alive on April 10, 1952, and that death occurred at 4 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William P. Hug Lehart

M. D.

23B. ADDRESS

Hospital for Women and

23C. DATE SIGNED

4/14/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 15 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

MEDICAL CERTIFICATION

Jan 5.

<div style="display: flex; justify-content: space-between;"> 163 52 3906 </div>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		<div style="display: flex; justify-content: space-between;"> 52 3906 Registered No. </div>	
BIRTH NO. <u>52-07988</u>					
1. NAME OF DECEASED (Type or Print) <u>Baby Roy Rupert</u>			2. DATE OF DEATH <u>4-6-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>319 Townsend St.</u> B. COUNTY <u>Bald.</u> C. CITY OR TOWN <u>Ynd.</u> D. STREET ADDRESS (If rural, give location)		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai</u>			5. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Ir</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>4-5-52</u>	
13. FATHER'S NAME <u>William Grant Rupert</u>		14. MOTHER'S MAIDEN NAME <u>Mary Helen Goffrey</u>		9. AGE (In years last birthday) <u>17</u> If Under 1 Year: Months <u>0</u> Days <u>0</u> If Under 24 Hours: Hours <u>0</u> Min. <u>0</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
17. INFORMANT		12. CITIZEN OF WHAT COUNTRY?			
18. <u>762.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Interstitial capillary</u> (A) <u>due to</u> <u>Adiectaris</u> (B) <u>due to</u> <u>Mangol</u> (C)			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>4-5-52</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-5-52</u> to <u>4-6-52</u> , that I last saw the deceased alive on <u>4-6-52</u> , 19 <u>52</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>William H. H.</u>		23B. ADDRESS <u>803 Cathedral St.</u>		23C. DATE SIGNED <u>4-8-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. ADDRESS		25. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 23 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		ADDRESS	
VS 150					

JOHN HOPKINS MEDICAL SCHOOL APR 15 1952

Commissioner of Health

1000

UNITED STATES DEPARTMENT OF HEALTH

1940



MAILED
RECORDED
INDEXED

100-1000

460

52 3907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3907

BIRTH NO. 52-06995

1. NAME OF DECEASED
(Type or Print)

Baby Blair

2. DATE
OF
DEATH

3/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

Balt. 15-11

D. STREET ADDRESS (If rural, give location)

4022 Eudendale Rd

c. Length of stay in Baltimore

4 hrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

3/26/52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

4 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Dorothy Blair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Francis Hutchinson

18. 762.5-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

atelectasis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs 15 min

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1952, to Mar 26, 1952, that I last saw the
deceased alive on Mar 26, 1952, and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

James E. Deane

M. D.

23B. ADDRESS

J. Univ. Hosp.

23C. DATE SIGNED

April 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL APR 7 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952 Huntington Williams, M.D.

Commissioner of Health

FBI

300

52 3908

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3908

BIRTH NO. *107 207*1. NAME OF DECEASED
(Type or Print)*Baby Boy WHEAT*2. DATE
OF
DEATH*4/4/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*University Hospital*

C. Length of stay in Baltimore

1

Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*Maryland**Anne Arundel*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Savanna Park

D. STREET ADDRESS (If rural, give location)

5200

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Raymond M. Wheat

14. MOTHER'S MAIDEN NAME

Emice O'Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Father

ADDRESS

*same*18. *762.5*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Atelectasis*
DUE TO*1 day*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Prematurity*
DUE TO*1 day*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/3*, 19*52* to *4/4*, 19*52*, that I last saw the deceased alive on *4/4*, 19*52*, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Martin K. Butler

M. D.

*University Hosp.**4/4/52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL HEALTH DEPARTMENT

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 23 1952**Huntington Williams, M.D.**Commissioner of Health*

JOHN HOPKINS MEDICAL SCHOOL APR 7 1952

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
RESIDENCE		OCCUPATION		EDUCATION		MARRIAGE		MILITARY SERVICE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH		HOURS OF DEATH		TIME OF DEATH	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
CERTIFICATE OF DEATH		STATE OF NEW YORK		COUNTY OF		CITY OF		TOWN OF		VILLAGE OF	

162
52 3909BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3909

BIRTH NO.

52-06822

1. NAME OF DECEASED
(Type or Print)

Baby girl Jefferson

2. DATE
OF
DEATH

3-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-02

D. STREET ADDRESS (If rural, give location)

1055 Tangle Lane

C. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3-25-52

9. AGE in years
(last birthday)

1

10 Under 1 Year
Months: Days

2

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Jefferson

14. MOTHER'S MAIDEN NAME

Lemue Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Jefferson

18. 7-60-0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intracranial hemorrhage

since birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1952, to 3-27, 1952, that I last saw the
deceased alive on 3-27, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Hiley Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 2 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

APR 23 1952

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Date of Death	
3. Place of Birth		4. Date of Birth	
5. Sex		6. Race	
7. Occupation		8. Cause of Death	
9. Signature of Physician		10. Signature of Registrar	
11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker	
15. Signature of Funeral Home		16. Signature of Cemetery	
17. Signature of Burial Society		18. Signature of Burial Association	
19. Signature of Burial Society		20. Signature of Burial Association	
21. Signature of Burial Society		22. Signature of Burial Association	
23. Signature of Burial Society		24. Signature of Burial Association	
25. Signature of Burial Society		26. Signature of Burial Association	
27. Signature of Burial Society		28. Signature of Burial Association	
29. Signature of Burial Society		30. Signature of Burial Association	
31. Signature of Burial Society		32. Signature of Burial Association	
33. Signature of Burial Society		34. Signature of Burial Association	
35. Signature of Burial Society		36. Signature of Burial Association	
37. Signature of Burial Society		38. Signature of Burial Association	
39. Signature of Burial Society		40. Signature of Burial Association	
41. Signature of Burial Society		42. Signature of Burial Association	
43. Signature of Burial Society		44. Signature of Burial Association	
45. Signature of Burial Society		46. Signature of Burial Association	
47. Signature of Burial Society		48. Signature of Burial Association	
49. Signature of Burial Society		50. Signature of Burial Association	
51. Signature of Burial Society		52. Signature of Burial Association	
53. Signature of Burial Society		54. Signature of Burial Association	
55. Signature of Burial Society		56. Signature of Burial Association	
57. Signature of Burial Society		58. Signature of Burial Association	
59. Signature of Burial Society		60. Signature of Burial Association	
61. Signature of Burial Society		62. Signature of Burial Association	
63. Signature of Burial Society		64. Signature of Burial Association	
65. Signature of Burial Society		66. Signature of Burial Association	
67. Signature of Burial Society		68. Signature of Burial Association	
69. Signature of Burial Society		70. Signature of Burial Association	
71. Signature of Burial Society		72. Signature of Burial Association	
73. Signature of Burial Society		74. Signature of Burial Association	
75. Signature of Burial Society		76. Signature of Burial Association	
77. Signature of Burial Society		78. Signature of Burial Association	
79. Signature of Burial Society		80. Signature of Burial Association	
81. Signature of Burial Society		82. Signature of Burial Association	
83. Signature of Burial Society		84. Signature of Burial Association	
85. Signature of Burial Society		86. Signature of Burial Association	
87. Signature of Burial Society		88. Signature of Burial Association	
89. Signature of Burial Society		90. Signature of Burial Association	
91. Signature of Burial Society		92. Signature of Burial Association	
93. Signature of Burial Society		94. Signature of Burial Association	
95. Signature of Burial Society		96. Signature of Burial Association	
97. Signature of Burial Society		98. Signature of Burial Association	
99. Signature of Burial Society		100. Signature of Burial Association	

450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 3910

BIRTH NO. 52 3910 52-07577

1. NAME OF DECEASED (Type or Print) BABY BOY KALM		2. DATE OF DEATH April 4" 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 17-14-01	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1622 Linden Avenue	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	10. DATE OF BIRTH April 2" 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY —	
11. FATHER'S NAME Walter E. Kalm		12. MOTHER'S MAIDEN NAME Goris Irene Gougie	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. SOCIAL SECURITY NO.	
15. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 761.5 Severe Hyaline Placenta	CAUSE OF DEATH (A) Severe Hyaline Placenta DUE TO (B) Premature Separation Placenta DUE TO (C) Pre-maturity - 33 weeks	INTERVAL BETWEEN ONSET AND DEATH 1 day + 18 hours + 5 min
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDICTION CAUSING IT.		

19A. DATE OF OPERATION 4-4-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7:30 pm 4-2-52 to 4-4-52 that I last saw the deceased alive on 4-4-52 and that death occurred at 8:25 am , from the causes and on the date stated above.					
23A. SIGNATURE Peny D. Powell Jr		23B. ADDRESS Hosp. for Women of Md. Baltimore Md		23C. DATE SIGNED 4-5-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health

JOHN HOPKINS MEDICAL SCHOOL APR 7 1952

0000 22

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

2000 1000

420

52 3911
BEA-64374BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3911
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Walter Black			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12					
C. Length of stay in Baltimore 29 yrs.			D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 26, 1875		9. AGE (In years, Months, Days) 76	10. Under 1 Year Months: Days: Hours: Min.		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Wisconsin		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Robert			14. MOTHER'S MAIDEN NAME Emily McMillan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Rectum (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3-17-52		19B. MAJOR FINDINGS OF OPERATION Colostomy for obstructions		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3-12**, 19**52**, to **3-18**, 19**52**, that I last saw the deceased alive on **3-18**, 19**52**, and that death occurred at **12:20 P.** m., from the causes and on the date stated above.

23A. SIGNATURE R. S. Dozen		23B. ADDRESS 4940 Eastern Avenue, Balto., Md.		23C. DATE SIGNED 3-26-1952	
--------------------------------------	--	---	--	--------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	

March 12, 1967

Post Office

Re: [illegible]

Letter of [illegible]

March 10, 1967

Post Office

Re: [illegible]

March 10, 1967

Re: [illegible]

March 10, 1967

March 10, 1967

Re: [illegible]

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

Re: [illegible]

March 10, 1967

Re: [illegible]

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

March 10, 1967

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

1-1955

600
52 3913

ND-12625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3913
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anita Murray		2. DATE OF DEATH March 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
5. LENGTH OF STAY IN BALTIMORE 48 Yrs.		D. STREET ADDRESS (If rural, give location) B/C.H. 4940 Eastern Avenue	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 30, 1895
9. AGE (in years last birthday) 56		10. CITIZEN OF WHAT COUNTRY? Maryland	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas		14. MOTHER'S MAIDEN NAME Elizabeth Simms	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-vascular disease DUE TO Cerebral Vascular accident DUE TO 3 months		CAUSE OF DEATH Hypertensive Cardio-vascular disease Cerebral Vascular accident 3 months	INTERVAL BETWEEN ONSET AND DEATH Years 3 months
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-9 , 19 51 to 3-9 , 19 52 , that I last saw the deceased alive on 3-9 , 19 52 , and that death occurred at 5:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. D. [Signature]		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) APR 2 1952	
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	

- 11

100 000 100 000

450

52 3914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

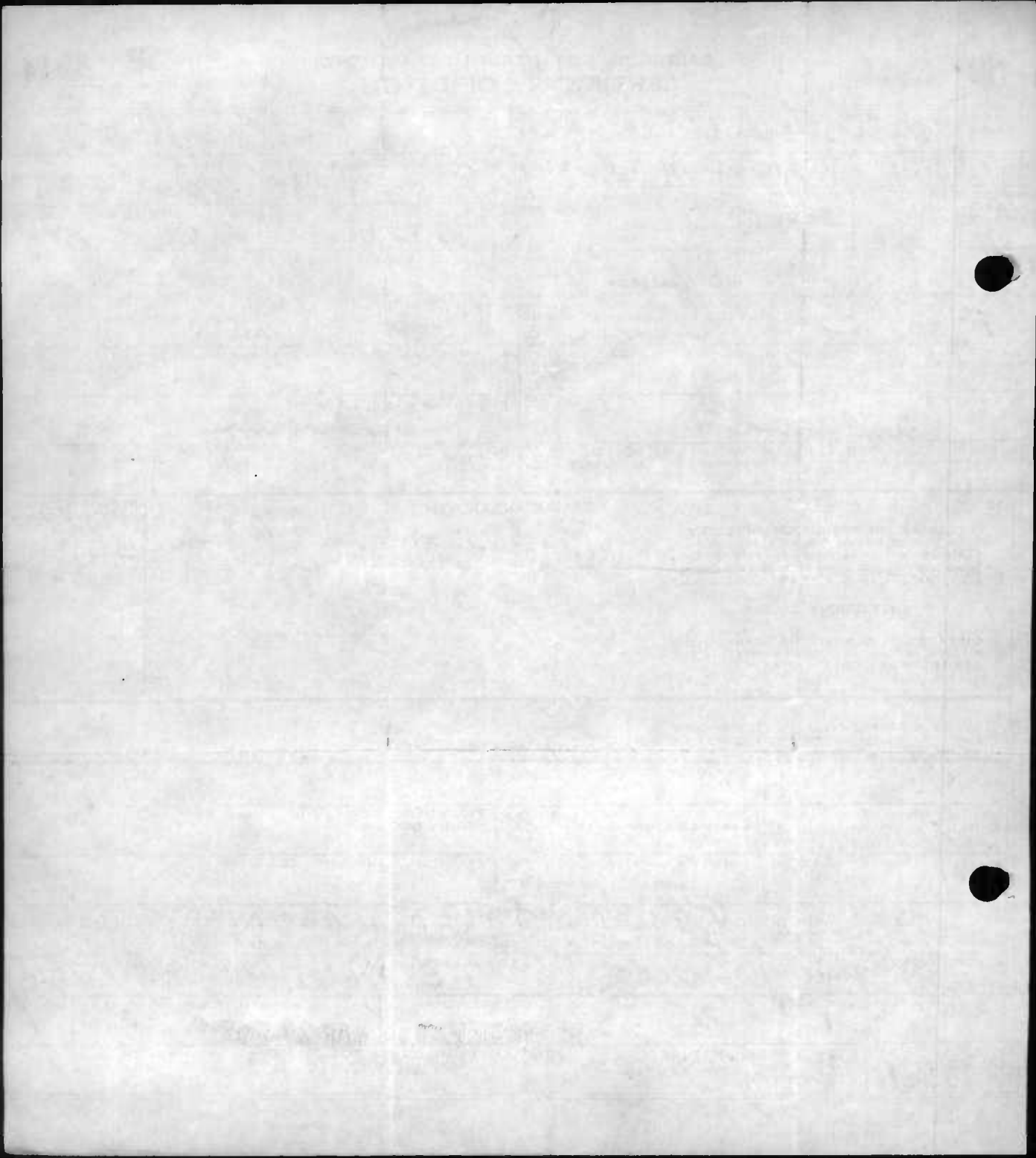
Registered No. 52 3914

1. NAME OF DECEASED (Type or Print) <i>Ann Lee Allen</i>		2. DATE OF DEATH <i>3/16/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1524 McEldory</i>		USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>no</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>7-05</i>			
4. Length of stay in Baltimore <i>unknown</i>		Yrs. Mos. Days	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>unknown</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>002X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Pulmonary Tuberculosis</i>		<i>5 1/2</i>	
DUE TO					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
DUE TO					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 10, 1952</i> to <i>March 12, 1952</i> , that I last saw the deceased alive on <i>March 12, 1952</i> , and that death occurred at <i>12:00 p.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Ray P. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bldg</i>		23C. DATE SIGNED <i>3-16-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY REGISTRAR <i>APR 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
				ADDRESS	



BURGRAFT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3915

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Burgraff

2. DATE
OF
DEATH

3/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

2-2-01

D. STREET ADDRESS (If rural, give location)

111 W. Lee St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. *331X*

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis (generalized)

year

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral vascular accident

days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2/7/52*, 19__, to *3/15/52*, 19__, that I last saw the deceased alive on *3/15/52*, 19__, and that death occurred at *8:40P.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. Quentin Cecil Cacace

M. D.

1215 Light St.

3/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 19 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952

Huntington Williams, M.D.

Commissioner of Health

Grain (Ant. 1911)
Ant. 1911 (Grain)

Ant. 1911 (Grain)

Ant. 1911 (Grain)

656

52 3916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3916

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNST LORENZ KRAMER

2. DATE
OF
DEATH

March 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

1532 Shakespeare St.

1632

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

75

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durelacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

MAR 21 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1915

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

1915

THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

TO THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

FROM THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

REMARKS: [Illegible]

APPROVED: [Illegible]

SIGNED: [Illegible]

POSITION: [Illegible]

DATE: [Illegible]

REMARKS: [Illegible]

APPROVED: [Illegible]

SIGNED: [Illegible]

POSITION: [Illegible]

DATE: [Illegible]

460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3917

Registered No.

BIRTH NO. 52-06769

1. NAME OF DECEASED
(Type or Print)

Phillip Leo Florie, Jr

2. DATE
OF
DEATH

3-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

Length of stay in Baltimore 46 minutes

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Never married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Phillip Leo Florie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3302 Flamin Ave

8. DATE OF BIRTH

3-22-52

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

46

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Shirley Mae Cross

17. INFORMANT

ADDRESS

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Premature Labor

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1952, to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

A. P. Vicente, M. D.

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

3-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 23 1952

Huntington Williams, M.D.

JOHN HOPKINS MEDICAL SCHOOL MAR 27 1952

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

1830

52 3918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3918
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN BIVENS

2. DATE
OF
DEATH

March 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

416 E. Eager St. Balto

10-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

416 E EAGER ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CERE BRO-VASCULAR ACCIDENT

10 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR

1 yr.

DUE TO

DISEASE

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GENERALIZED ARTERIOSCLEROSIS

1 yr or more

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1951 51, to March 9 52, that I last saw the
deceased alive on March 7, 19 52 and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth Cook M. D.

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

3-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

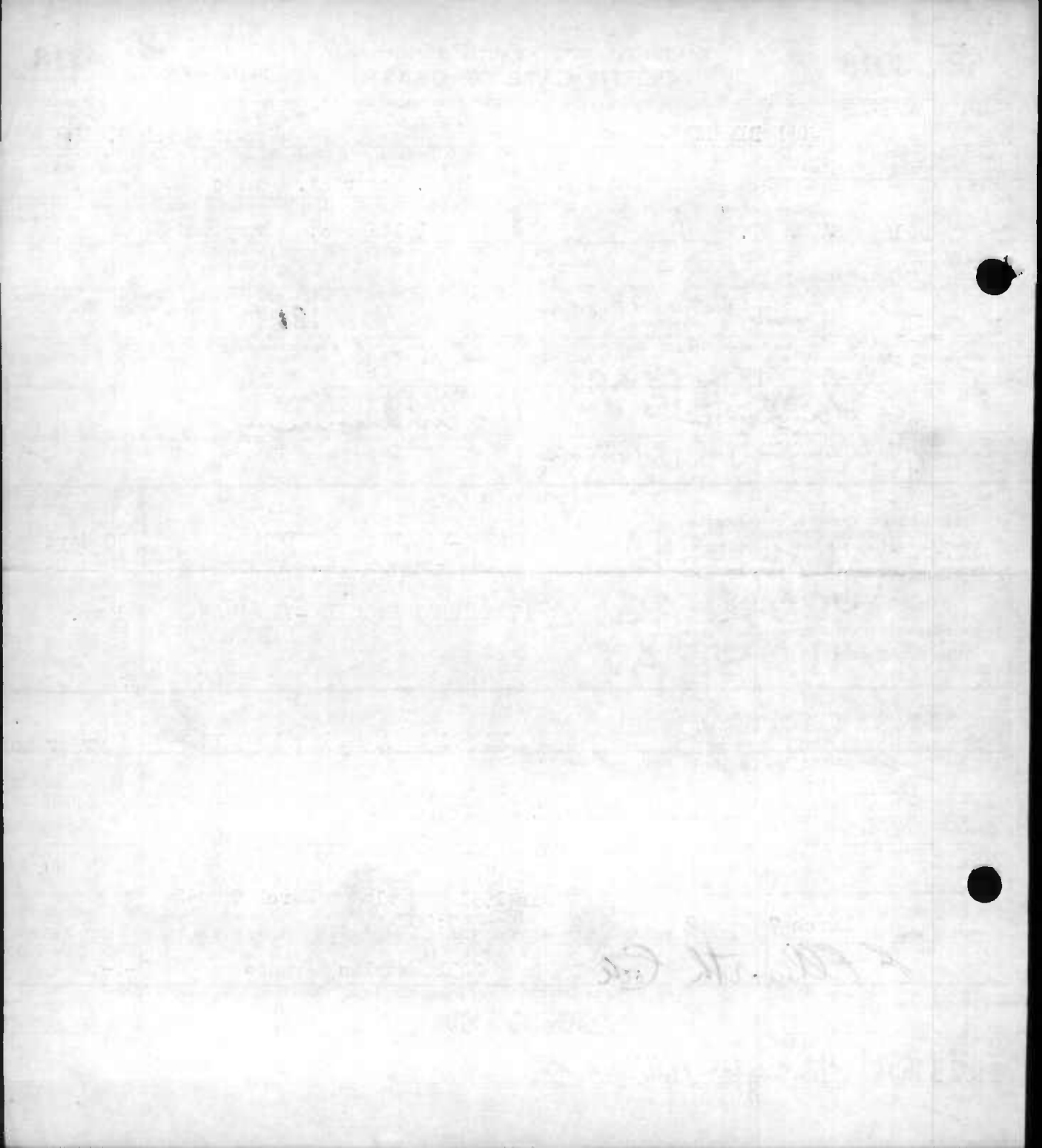
ADDRESS

APR 23 1952

Huntington Williams, M.D.

303916

JOHN HOPKINS MEDICAL SCHOOL MAR 21 1952



52 3919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3919
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM PARKS

2. DATE
OF
DEATH

March 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

247 N. Exeter Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO Hypertensive heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

3/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

100-100000

STATEMENT OF DEATH

100-100000

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of informant		6. Signature of informant	
7. Name of physician		8. Signature of physician	
9. Name of funeral home		10. Signature of funeral home	
11. Name of next of kin		12. Signature of next of kin	
13. Name of registrar		14. Signature of registrar	
15. Name of witness		16. Signature of witness	
17. Name of witness		18. Signature of witness	
19. Name of witness		20. Signature of witness	
21. Name of witness		22. Signature of witness	
23. Name of witness		24. Signature of witness	
25. Name of witness		26. Signature of witness	
27. Name of witness		28. Signature of witness	
29. Name of witness		30. Signature of witness	
31. Name of witness		32. Signature of witness	
33. Name of witness		34. Signature of witness	
35. Name of witness		36. Signature of witness	
37. Name of witness		38. Signature of witness	
39. Name of witness		40. Signature of witness	
41. Name of witness		42. Signature of witness	
43. Name of witness		44. Signature of witness	
45. Name of witness		46. Signature of witness	
47. Name of witness		48. Signature of witness	
49. Name of witness		50. Signature of witness	
51. Name of witness		52. Signature of witness	
53. Name of witness		54. Signature of witness	
55. Name of witness		56. Signature of witness	
57. Name of witness		58. Signature of witness	
59. Name of witness		60. Signature of witness	
61. Name of witness		62. Signature of witness	
63. Name of witness		64. Signature of witness	
65. Name of witness		66. Signature of witness	
67. Name of witness		68. Signature of witness	
69. Name of witness		70. Signature of witness	
71. Name of witness		72. Signature of witness	
73. Name of witness		74. Signature of witness	
75. Name of witness		76. Signature of witness	
77. Name of witness		78. Signature of witness	
79. Name of witness		80. Signature of witness	
81. Name of witness		82. Signature of witness	
83. Name of witness		84. Signature of witness	
85. Name of witness		86. Signature of witness	
87. Name of witness		88. Signature of witness	
89. Name of witness		90. Signature of witness	
91. Name of witness		92. Signature of witness	
93. Name of witness		94. Signature of witness	
95. Name of witness		96. Signature of witness	
97. Name of witness		98. Signature of witness	
99. Name of witness		100. Signature of witness	

260

52 3920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3920

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

BECKER

2. DATE
OF
DEATH

March 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

48 Market Place

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

White

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

70

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection & Inquiry* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Durelache

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 8, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Harrington Williams, M.D.

JOHN HOPKINS MEDICAL SCHOOL MAR 21 1952

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

V S 151

0506 50

1821 50

4518 11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLIFTON

COLEMAN

2. DATE
OF
DEATH

March 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **5-01**

D. STREET ADDRESS (If rural, give location)
511 N. Eden Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-1-16

9. AGE (In years last birthday)

35

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **E929.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Foot of President Street

3/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found: 3/21/52 7:00 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

March 27, 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

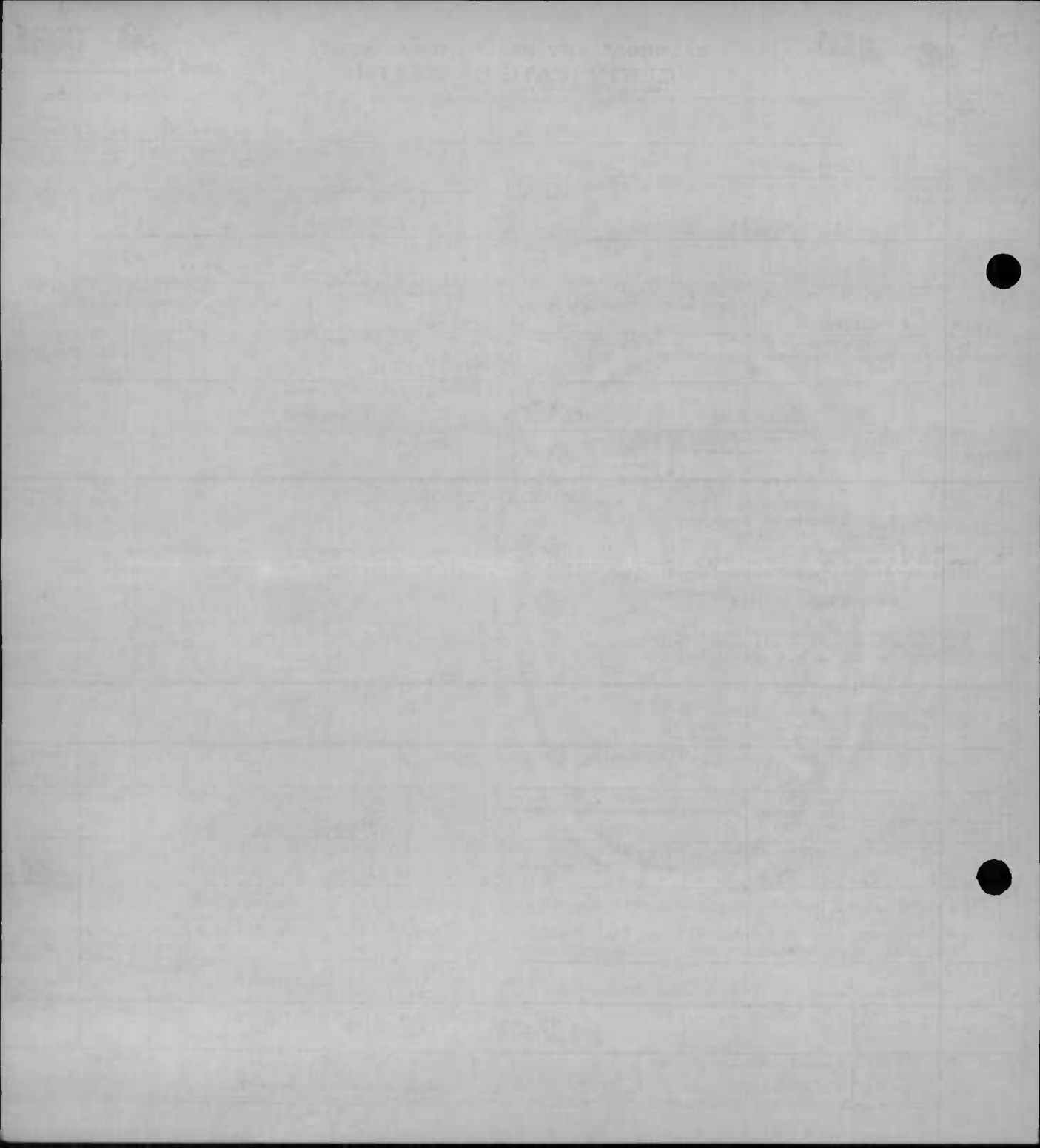
APR 23 1952

Commissioner of Health

V S 151

N 990x

MEDICAL CERTIFICATION



460
AB-157839
52 3922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3922
Registered No.

1. NAME OF DECEASED (Type or Print) William Oler			2. DATE OF DEATH March 28-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02		
7. Length of stay in Baltimore ? Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) Baltimore City Jail		
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ?	12. DATE OF BIRTH 1-1-1	13. AGE (In years, last birthday) 72	14. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			16. KIND OF BUSINESS OR INDUSTRY		
17. FATHER'S NAME			18. MOTHER'S MAIDEN NAME		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			20. SOCIAL SECURITY NO.		
21. INFORMANT			22. ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		
23. CAUSE OF DEATH 18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Vascular Accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION		26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour) INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from 3-27 , 19 52 to 3-28 , 19 52 that I last saw the deceased alive on 3-28 , 19 52 , and that death occurred at 11 AM m., from the causes and on the date stated above.					
34. SIGNATURE <i>J. S. Oger</i>		35. ADDRESS 4940 Eastern Ave. Baltimore, Md.		36. DATE SIGNED April 8-1952	
37. BURIAL, CREMATION, REMOVAL (Specify)		38. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL		39. LOCATION (City, town, or county) (State) APR 16 1952	
40. DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		41. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		42. FUNERAL DIRECTOR Commissioner of Health	

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

235

52 3922 MEA-156418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3923

1. NAME OF DECEASED (Type or Print) Alfred MacDonald			2. DATE OF DEATH March 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. LENGTH OF STAY IN BALTIMORE 46 yrs.			8. STREET ADDRESS (If rural, give location) 1212 Linden Ave.		
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	12. DATE OF BIRTH July 12, 1905	13. AGE (In years, last birthday) 46	14. Under 1 Year Months: Days: Hours: Min.
15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15B. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) New York	
17. FATHER'S NAME George MacDonald			18. MOTHER'S MAIDEN NAME Leila Harralson		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue ✓	

18. 002X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary Tuberculosis DUE TO	1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C) 	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-8 ⁵² 3-10 ⁵² , to 4-15 ⁵² P. , that I last saw the deceased alive on 3-10 , 19 52 , and that death occurred at 4-15 ⁵² m. , from the causes and on the date stated above.		
23A. SIGNATURE <i>(Signature)</i>	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 4-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		JOHN HOPKINS MEDICAL SCHOOL	APR 16 1952

DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
--	---	---	---------

DEATH CERTIFICATE

1-1-1918

March 1, 1918

Alfred McDonald

Residence

1000 1/2 Ave. B

Place of death

Home

Age 45 years

Married

Male

Occupation

Police Officer

Police Officer

Decided by J. J. McDonald

CAUSE OF DEATH

1st

Heart Disease

Heart Disease

Medical Certificate

Medical Certificate

1918

1918

1918

1918

1918

1918

425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3924

Registered No.

52 3924

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FLORENCE WILSON			2. DATE OF DEATH March 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01		
D. STREET ADDRESS (If rural, give location) 413 S. Spring Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 54	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardio-vascular renal disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Spotts		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR APR 23 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Commissioner of Health	

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

425
52 3925BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3925

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY FLEISHMAN		2. DATE OF DEATH March 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 122 E. Pratt Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 28 N Under 1 Year Months: Days: N Under 24 Hours Hours: Min.
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

1B. **581.1** I **CAUSE OF DEATH**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Fatty liver
DUE TO **chronic alcoholism**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
March 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL MAR 21 1952

Commissioner of Health

STANDARD REPORTING FORM NO. 1
MAY 1962 EDITION

NAME

DATE

STATION

TIME

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE

SMITH

2. DATE
OF
DEATH

March 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

104 N. Bond Street

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Umbilical hernia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 18, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEE= JAMES FERRELL FOWLER

2. DATE
OF
DEATH

March 25, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

3-02

d. STREET ADDRESS (If rural, give location)

1009 Gramby St.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)
56

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Deanecker M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23c. DATE SIGNED

March 26, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL APR 8 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1000

1000

1000

1000

Commissioner of Health

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF BOTANICAL OFFICER
WASHINGTON, D. C.

Re: *...*

STATE OF *...*

DATE OF RECEIPT *...*

NAME OF THE *...*

NAME OF THE *...*

...

...

...

...

...

...

...

162
52 3929BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3929
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TURNER

JEFFERS

2. DATE
OF
DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

840 S. Eutaw Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Feb. 14, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

JOHN HOPKINS MEDICAL SCHOOL MAR 13 1952

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

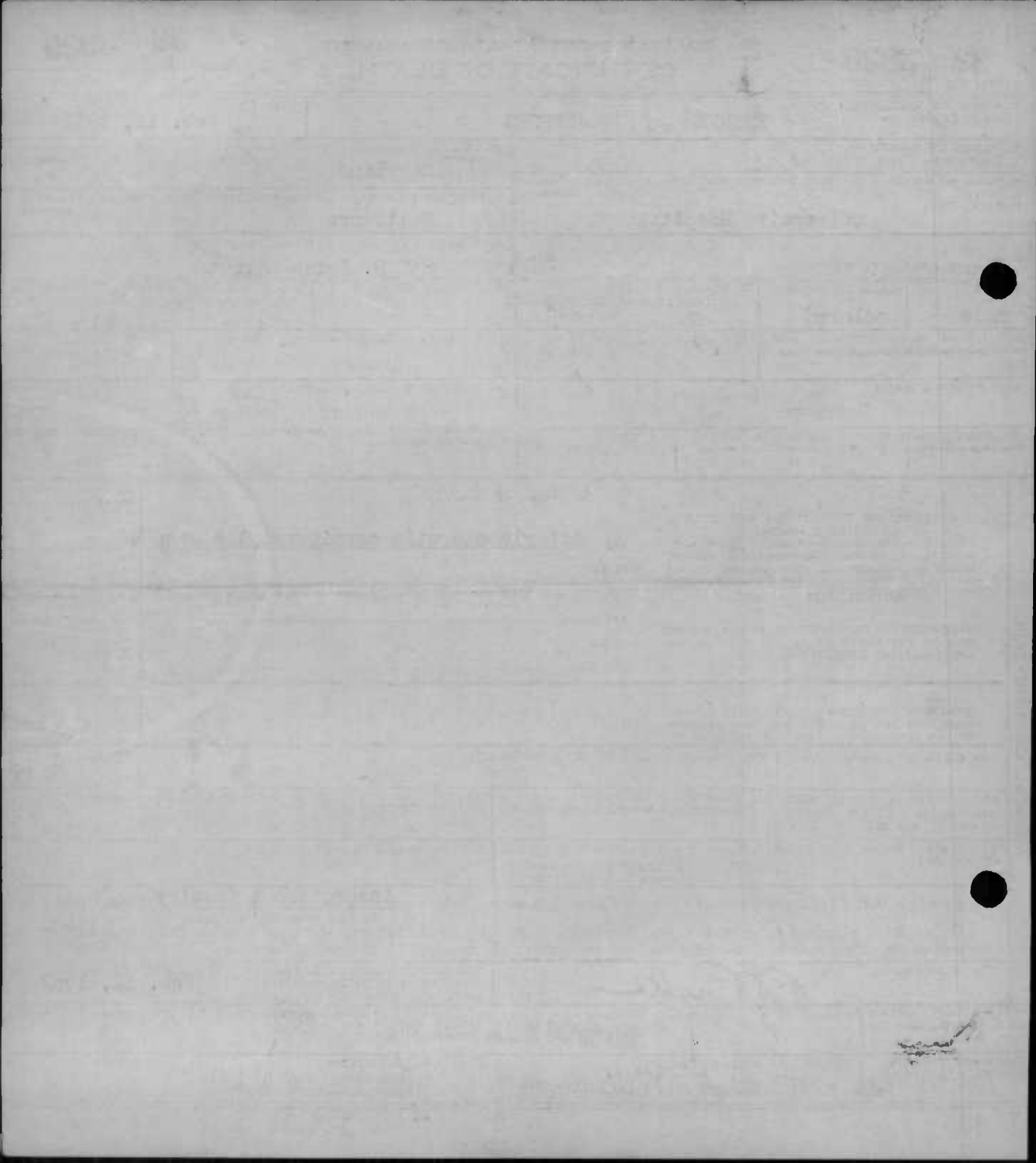
25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 151

APR 23 1952



200
2 3930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3930
Registered No.

1. NAME OF DECEASED (Type or Print) MARGAREX Kish		2. DATE OF DEATH April 23, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balta.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ind b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 804 GLADE COURT		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTI, MORE 25-01	
c. Length of stay in Baltimore 1 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 804 GLADE Ct	
5. SEX FEMALE	6. COLOR OF RACE White	7. SINGLE, MARRIED, WIDOWED , DIVORCED (Specify) MATRILL	8. DATE OF BIRTH Aug 15, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 74 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John X. Miller		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MARGARET MILLER 804 GLADE Ct		ADDRESS	

MEDICAL CERTIFICATION

18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior clotting C.V. disease DUE TO (A) Central thrombosis (B) 2 days (C) Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 1951**, to **April 23, 1952**, that I last saw the deceased alive on **April 21, 1952**, and that death occurred at **8:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Sidney R. Gilbert		23b. ADDRESS 4700 Pannington Ave.		23c. DATE SIGNED 4/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-26-52		24c. NAME OF CEMETERY OR CREMATORY Canton Ohio	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Walter C. Walker		ADDRESS 3517 FREDERICK AVE	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

WALL

3 1/2 1/2 1/2

1 1/2 1/2

1 1/2 1/2

460
52 3931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3931
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) Susan Ann Miller		
2. DATE OF DEATH April 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Ashburton Nursing Home INSTITUTION 3520 N. Hilton Road		
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. STREET ADDRESS (If rural, give location) 4604 Roland Ave.		
8. LENGTH OF STAY IN BALTIMORE 16 Yrs. Mos. Days		
9. SEX female		
10. COLOR OR RACE white		
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		
12. DATE OF BIRTH June 8, 1860		
13. AGE (In years last birthday) 91		
14. IF UNDER 1 YEAR Months Days		
15. IF UNDER 24 HOURS Hours Min.		
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		
17. KIND OF BUSINESS OR INDUSTRY		
18. BIRTHPLACE (State or foreign country) Del.		
19. CITIZEN OF WHAT COUNTRY? U. S.		
20. FATHER'S NAME Jesse F. Gooding		
21. MOTHER'S MAIDEN NAME Catherine Biggs		
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
23. SOCIAL SECURITY NO.		
24. INFORMANT Mrs. James D. Derickson-4604 Roland Ave.		
25. ADDRESS		
26. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) A. Anteroseptal C-V-D DUE TO B. Generalized Arteriosclerosis DUE TO C. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
27. INTERVAL BETWEEN ONSET AND DEATH 3 2		
28. MEDICAL CERTIFICATION 19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Sept 1950, to Apr 22, 1952, that I last saw the deceased alive on Apr 22, 1952, and that death occurred at 3 a.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 8 Longwood Road 23C. DATE SIGNED 4 - 23 - 52 24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 4 - 24 - 52 24C. NAME OF CEMETERY OR CREMATORY Spring Hill 24D. LOCATION (City, town, or county) (State) Easton, Maryland 25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Place 26. ADDRESS 711 B Mitchell		
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150		

324
52 3932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RIDGAWAY RAY RIDGELY

2. DATE
OF
DEATH

April 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4500 Maine Avenue

C. Length of stay in Baltimore

82

Yrs.
Mons.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

William G. Ray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OF TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4500 Maine Avenue - 7-

8. DATE OF BIRTH

May 27, 1869

9. AGE (In years
and birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Esther S. Cross

17. INFORMANT

ADDRESS

18. 415X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic cardiovascular disease 15 years

(C) Rheumatic cardiovascular disease 25 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1949, to April 23, 1952, that I last saw the
deceased alive on April 22, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William T. H. H. H.

23B. ADDRESS

M. D. 3400 Woodbine Ave. Balt. 7, Md.

23C. DATE SIGNED

4/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

April 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE

24D. LOCATION (City, town, or county)

Wood LAWN, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John O. Mitchell & Son Inc. 1900 Eutan Pl.

APR 1950

CERTIFICATE OF DEATH

KIDCANNY RAY RIDGELY April 23 1950

4500 Maine Avenue
8211 Marine
8211 Marine Avenue - 7-
8211 Marine Avenue - 7-
8211 Marine Avenue - 7-

Female White Widowed
Horsewife
William G. Ray
U.S.
Maryland
Esther 2 Cross

Coronary Occlusion 1 hour

At necropsy cardiovascular 15 years
Myocardial infarction at about 25 years

For 11 years at 1939 22
Socioeconomic status 1939
M.D. 1940
M.D. 1940
M.D. 1940

636
52 3933BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3933
Registered No.

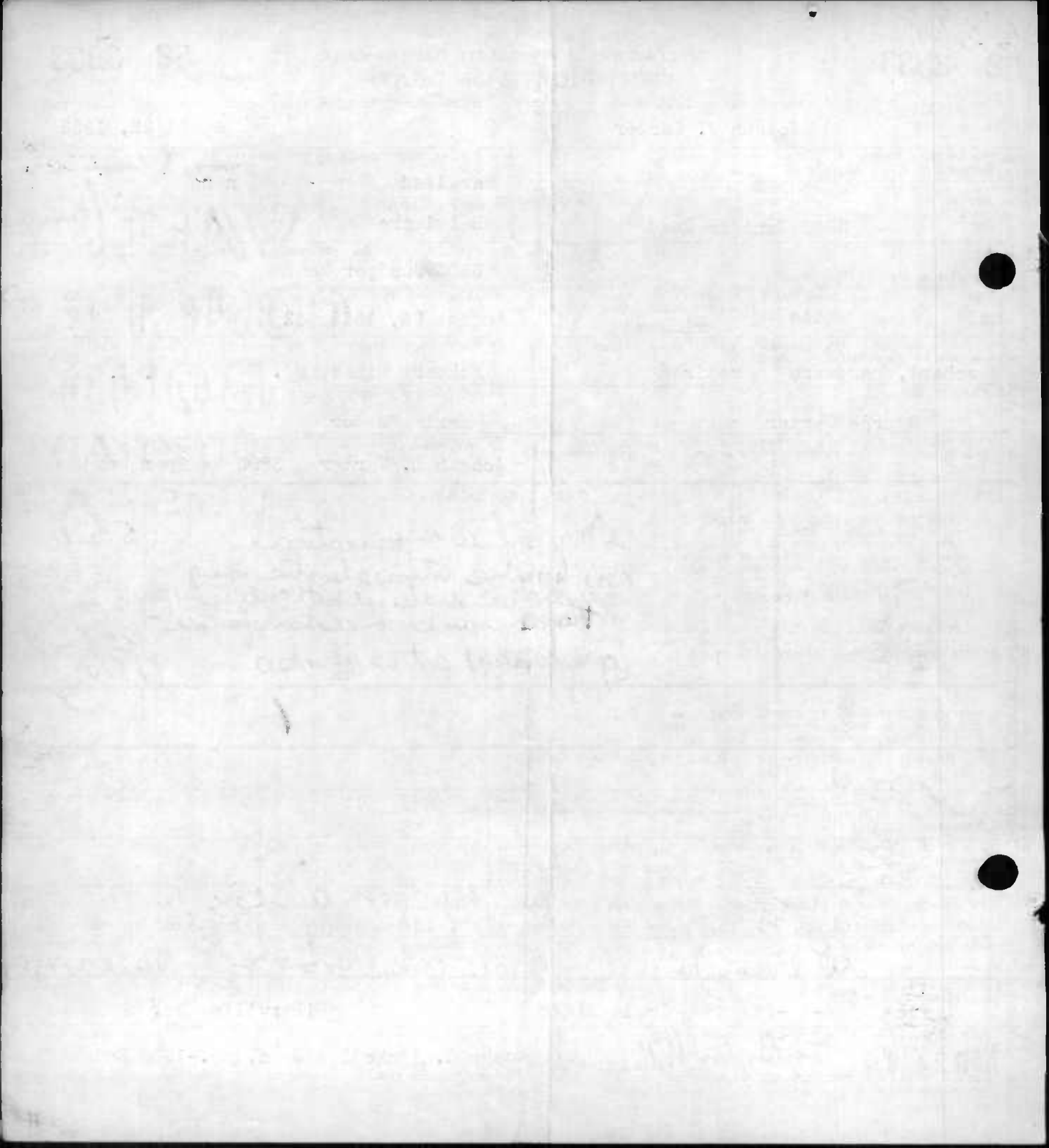
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph J. Carter		2. DATE OF DEATH April 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3803 Juniper Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3803 Juniper Road		E. LENGTH OF STAY IN BALTIMORE 27 Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 28, 1869
9. AGE (In years last birthday) 82		10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant, hardware		10B. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (State or foreign country) Eckhart Mines, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME George Carter		14. MOTHER'S MAIDEN NAME Maria Porter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Jose h L. Carter		ADDRESS 3803 Juniper Road	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial degeneration. DUE TO Chronic arteriosclerotic cordis vascular renal disease with cardiac hyperplasia and congestive failure. DUE TO Generalized arteriosclerosis.	INTERVAL BETWEEN ONSET AND DEATH 5 days. Several years.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 1, 1952 to April 22, 1952 that I last saw the deceased alive on April 21, 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE William Michel M. D.	23B. ADDRESS 1015 Poplar Grove St.	23C. DATE SIGNED April 22/1952
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4-24-52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge
24D. LOCATION (City, town, or county) Pikesville, Md.		(State)

DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS -1900 Eutaw Place
--	---	--	-------------------------------------



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 3934

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX

DOLINSKY

DOLINSKI

2. DATE
OF
DEATH

April 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

743 W. North Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Feb. 15-1902

9. AGE (in years last birthday)

46

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brick layer

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Brest Litovsk Russia U. S. A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Dolinsky

14. MOTHER'S MAIDEN NAME

Rebecca Kaplan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes W.W. 2

16. SOCIAL SECURITY NO.

456-14-3738

17. INFORMANT

Mary Dolinsky

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Artery Sclerosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

April 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-25-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Cleveland 8, Ohio

DATE RECEIVED BY LOCAL REGISTRAR

APR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry L. Miller 744 East 105th

ADDRESS

Cleveland Ohio

CERTIFICATE OF DEATH

DATE

TIME

PLACE

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

SIGNATURE OF PHYSICIAN

SIGNATURE OF WITNESSES

SIGNATURE OF DECEASED

SIGNATURE OF BURIAL OFFICIAL

SIGNATURE OF VENDOR

SIGNATURE OF MINISTER

SIGNATURE OF CHURCH

SIGNATURE OF FUNERAL HOME

SIGNATURE OF CEMETERY

SIGNATURE OF STATE

SIGNATURE OF COUNTY

SIGNATURE OF CITY

SIGNATURE OF TOWN

SIGNATURE OF VILLAGE

SIGNATURE OF POST OFFICE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3935

1. NAME OF DECEASED
(Type or Print)

HARRY S. FELDMAN

2. DATE
OF
DEATH

APR. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3929 BOGGMAN

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

3929 BOGGMAN

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (in years last birthday)

67

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RET. INSURANCE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

LATVIA

12. CITIZEN OF WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. CHARLOTTE BERG - 3708 CLARINTH RD

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

Several minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized atherosclerosis

15 years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prostatectomy (Sinai Hospital)

March 15, 1952

19A. DATE OF OPERATION

3-15-52

19B. MAJOR FINDINGS OF OPERATION

Radical prostatectomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1918, to

April 22, 1952

and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Gaut Cohen

23B. ADDRESS

1804 Eutaw Place

23C. DATE SIGNED

4/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/24/1952

24C. NAME OF CEMETERY OR CREMATORY

Beth Zelah

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis Inc.

ADDRESS

2100 Eutaw Pl

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3936**

BIRTH NO. **400**

1. NAME OF DECEASED
(Type or Print)

LENA ELY

2. DATE OF DEATH

Apr. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND**

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5332 CUTHBERT AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-18

D. STREET ADDRESS (If rural, give location)

5332 CUTHBERT AVE

Length of stay in Baltimore

38

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isidore ELY - Same

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

DUE TO

Bulbar paralysis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized arterio-sclerosis

15 years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mixed rheumatoid + osteo. arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1944 to 4/22, 1952** that I last saw the deceased alive on **April 22, 1952** and that death occurred at **2:44 m.**, from the causes and on the date stated above.

23A. SIGNATURE

Jacob Cohen

23B. ADDRESS

1804 Eutaw Place

23C. DATE SIGNED

4/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

4/24/1952

Mt. Carmel

Balto.

Md.

APR 24 1952

Huntington Williams, Jr.

Jack Lewis Inc

2100 Eutaw Pl

Cohen
1904 Ontario PE

520
52 3937BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3937
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ida Imes</u>		2. DATE OF DEATH <u>4/23/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>Md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>17-03</u>	
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>752 Dolphin St.</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>5/7/1892</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>78</u>
13. FATHER'S NAME <u>Mr. Brown</u>		11. BIRTHPLACE (State or foreign country) <u>Balto.</u> <u>Md.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Jennie Gross</u> ADDRESS <u>1612 Harlem Ave</u>	

18. <u>442X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Cardiorenal Disease</u>	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/19</u> , 19 <u>52</u> , to <u>4/23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/23</u> , 19 <u>52</u> , and that death occurred at <u>5a.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Degoneondskis</u>		23B. ADDRESS <u>Provident Hospital</u>		23C. DATE SIGNED <u>4/23/52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4-26-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Abraham Mem. Park</u>		24D. LOCATION (City, town, or county) (State) <u>Balto.</u> <u>Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 24 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Samuel W. Sullivan, Jr.</u>		ADDRESS <u>1074 N. Huntington Ave</u>	

1882

27

RECEIVED

1882



620
52 3938BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3938

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROBERT P. BROOKS		2. DATE OF DEATH April 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 2848 Clifton Ave. #16	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 29, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter		10B. KIND OF BUSINESS OR INDUSTRY Printing	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME ROBERT Brooks		14. MOTHER'S MAIDEN NAME Anna Littlefield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Mrs. Mary T. Brooks - 2848 Clifton Ave.	
17. INFORMANT Mrs. Mary T. Brooks		ADDRESS 2848 Clifton Ave.	
18. 540.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>intestinal bleeding.</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH (over)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/21 , 1952 to 4/22/ , 1952 that I last saw the deceased alive on 4/22 , 1952 and that death occurred at 2:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Johnnie B. Baker		23B. ADDRESS Maryland General Hospital	
23C. DATE SIGNED 4/22/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/25/52	
24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR J. Lickner & Sons		ADDRESS Balto 17, Md.	

See Document File 52-3938 answer to query

"bleeding peptic ulcer" thought to be, no autopsy permitted, however.

5/1/52 ES

623
52 3939BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3939

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH PRESTON

2. DATE OF DEATH
Apr. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2200 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2200 Garrison Blvd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 3, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward D. Preston

14. MOTHER'S MAIDEN NAME

Rachel Dunn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss Susan R. G. Preston - 2200 Garrison Blvd.

18. 422.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

about 1 yr

about 8 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1952, to Apr. 21, 1952, that I last saw the deceased alive on Apr. 21, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/24/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 24 1952

Huntington Williams, Jr.

Wm. J. Vickner & Sons

Balto 17, Md

120
3940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3940

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMILY EPPS

2. DATE
OF
DEATH

Apr 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

1101 N. CAREY ST.

8. FULL NAME OF (If not in hospital or institution, give street address or location)

1101 N. Carey St.

Length of stay in Baltimore

?

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

2/1/77

9. AGE (in years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

WM JACKSON

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WM E. EPPS 1101 N. CAREY ST.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held as Suspect + Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED April 20, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4/24/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Maus

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR

APR 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 PRESSTMAN ST.

MEMORANDUM FOR THE CHIEF OF STAFF

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

2 46
2 3941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3941

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Alfred B McBlure</i>		2. DATE OF DEATH <i>April 22 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>13-07</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>622 N 36th St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>35 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>622 N 36th St</i>			
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 14 - 81</i>	9. AGE (In years last birthday) <i>70</i>	If Under 1 Year Months: Days: If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BARTENDER</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>MD</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Edward McBlure</i>		14. MOTHER'S MAIDEN NAME <i>Anna Biddle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-03-9941</i>		17. INFORMANT ADDRESS <i>Anna M. McBlure</i>	
18. <i>151x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) metastatic carcinoma liver</i> DUE TO <i>Adenocarcinoma</i> <i>(B) carcinoma of stomach</i> DUE TO <i>(C)</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9/5</i> , 19 <i>51</i> , to <i>4/22</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>4/22</i> , 19 <i>52</i> , and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. Cunningham Jr</i>		M. D. <i>14 S. Cozart St</i>		23C. DATE SIGNED <i>4/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>Apr 25 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Garrison Pl</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>APR 24 1952</i>			
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Frank J. Seely</i>		ADDRESS <i>814 N 36th St</i>	

MEDICAL CERTIFICATION

750 6M

Dr. Townshend
14 E. Eager

550
198446
52 3942
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3942
Registered No.

1. NAME OF DECEASED (Type or Print) William Lowman			2. DATE OF DEATH 4-23-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 949 Hollins St.			18-03		
C. Length of stay in Baltimore 65 yrs.			Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 16, 1882	9. AGE (In years last birthday) 69	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man			10B. KIND OF BUSINESS OR INDUSTRY C. Charles Lunch Room		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Francis Lowman			14. MOTHER'S MAIDEN NAME Liza Botts		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT B.C.H. Records, 4940 Eastern Ave.			ADDRESS		
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebro vascular accident DUE TO Arterio Sclerotic Heart disease Congestive heart failure DUE TO INTERVAL BETWEEN ONSET AND DEATH one week one week probable					
19. DATE OF OPERATION 0 19b. MAJOR FINDINGS OF OPERATION					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 19, 1952 , to April 23, 1952 , that I last saw the deceased alive on April 23, 1952 , and that death occurred at 7:30a m. , from the causes and on the date stated above.					
23A. SIGNATURE R. L. Cogan		23B. ADDRESS 4940 Eastern Ave., 24		23C. DATE SIGNED 4-23-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/26/52		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	
24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave		25. FUNERAL DIRECTOR Huntington Williams, Mt John J. Lowman & Son Hollins			
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952					

MEDICAL CERTIFICATION

790 6M

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

STATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Immediate Cause

Underlying Cause

Contributing Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

Other Cause

524
2 3943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3943
Registered No.

1. NAME OF DECEASED (Type or Print) Rubin: FINKLESTEIN			2. DATE OF DEATH 4/23/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE md- B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1835 W Pratt St #23		
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 22 1881		9. AGE (In years, last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Meyer Finklestein			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 262-38-2981	17. INFORMANT ADDRESS Virginia Finkelstein 1838 W Pratt St		
18. 260x and 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial degeneration DUE TO (A) coronary infarction (B) diabetes mellitus (C) ca prostate			INTERVAL BETWEEN ONSET AND DEATH 1 yr? 1 yr		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/23 , 19 52 to 4/23 , 19 52 , that I last saw the deceased alive on 4/23 , 19 52 , and that death occurred at 12 25m. , from the causes and on the date stated above.					
23A. SIGNATURE F. R. Perillo		23B. ADDRESS Mary Knap		23C. DATE SIGNED 4/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md		24E. FUNERAL DIRECTOR Sol L. Lippman & Son		24F. ADDRESS 1126 W North ave	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		590 46	

MEDICAL CERTIFICATION

1. Name of patient: *John Doe*

2. Date of birth: *12/15/1945*

3. Sex: *Male*

4. Race: *White*

5. Address: *123 Main St, Anytown, USA*

6. Telephone: *(555) 123-4567*

7. Date of admission: *01/10/2001*

8. Date of discharge: *01/15/2001*

9. Date of death: *01/15/2001*

10. Date of autopsy: *01/16/2001*

11. Date of burial: *01/17/2001*

12. Date of cremation: *01/18/2001*

13. Date of interment: *01/19/2001*

14. Date of exhumation: *01/20/2001*

15. Date of reinterment: *01/21/2001*

250
52 3944BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3944

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROY JEROME JACKSON			2. DATE OF DEATH April 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville		
Length of stay in Baltimore 20yrs			D. STREET ADDRESS (if rural, give location) 5300 310 Winters Lane		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/25/1921	9. AGE (In years last birthday) 31	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDNER		10B. KIND OF BUSINESS OR INDUSTRY F ARMING	11. BIRTHPLACE (State or foreign country) ELKRIDGE, MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ELI JACKSON			14. MOTHER'S MAIDEN NAME LOUISE BROOKS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W.W.# 2		16. SOCIAL SECURITY NO.	17. INFORMANT CLARA LOUISE BROOKS(S) ADDRESS 310 Winters Ave		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of the chest (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) On Route 40, 450' west of Winters Lane	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/20/52 7:46 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 4/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/28/52		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT'L. CEM.	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR CHARLES G. COOPER-512 CARROLLTON AV.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	

APR 24 1952
VS 151

N862.2

930 10

Charles G. Cooper

STATE OF NEW YORK
JULY 1904

IN SENATE

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

JULY 1904

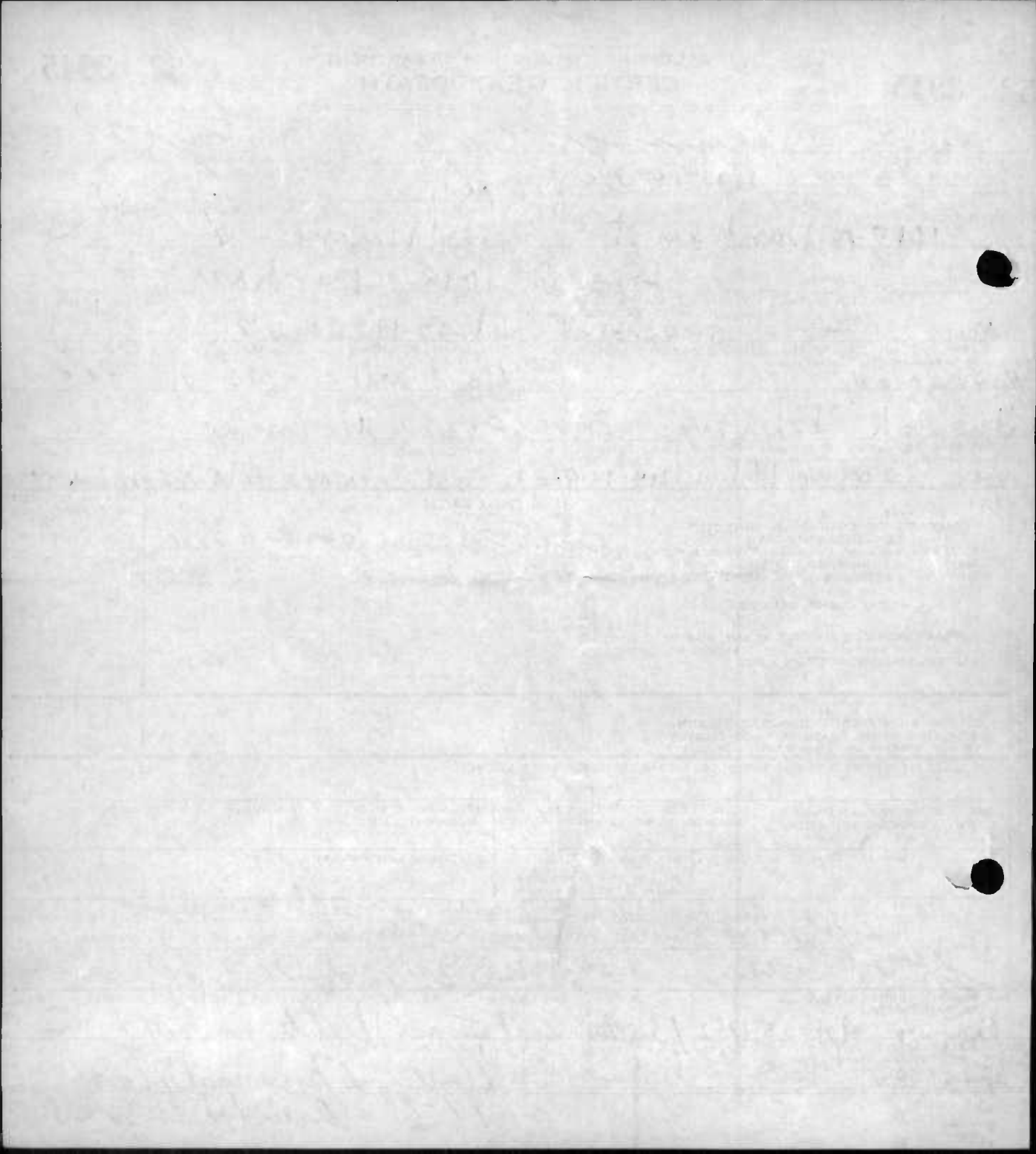
552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3945

BIRTH NO. 3945

1. NAME OF DECEASED (Type or Print) Joseph J. Jennings				2. DATE OF DEATH April 22-1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 7-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1018-N. Durham St				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 1018-N. Durham St			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH July 17-1922		9. AGE (in years last birthday) 29	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy Man.		10B. KIND OF BUSINESS OR INDUSTRY Sen		11. BIRTHPLACE (State or foreign country) Baltimore - Md		12. CITIZEN OF WHAT COUNTRY? yes	
13. FATHER'S NAME Joseph Jennings Sr				14. MOTHER'S MAIDEN NAME Annie McLarion			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 214-14-9129		17. INFORMANT ADDRESS Joseph Jennings 1018-N. Durham St			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Curtin's & Cardio Vascular ? DUE TO Disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 14, 1952 , to April 22, 1952 , that I last saw the deceased alive on April 14, 1952 , and that death occurred at 9:30 a. m. from the causes and on the date stated above.							
23A. SIGNATURE Dr. J. Johnson				23B. ADDRESS 403 Med Arts Bldg		23C. DATE SIGNED 4-21-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr-25-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Holland Funeral Home		ADDRESS 690 99 1631 - Druid Hill Ave.	



256
2 3946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3946

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARGARET WAGNER		APR 14-23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
501 JEFFREY ST.		A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
HOSPITAL OR INSTITUTION		BALTIMORE MD	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		501 JEFFREY ST	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
FEM.	WHITE	WIDOW	DEC 3-1962
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
NONE.			90
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
? BOENKIEN		GERMANY.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME	
EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NOT KNOWN	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
		JOHN WAGNER-501 JEFFREY ST	
18. 443X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hypertensive Cardio-vascular disease.	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		cerebral sclerosis	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
20. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
INJURY		WHILE AT WORK NOT WHILE AT WORK	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1951, to April 23, 1952 that I last saw the deceased alive on 4/22/52, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Samuel Rubin		203 Outpost Ave	
M. D.		23C. DATE SIGNED	
		4/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		APR 14-26-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
HOLY CROSS CEM		A A Co.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
APR 24 1952		Huntington Williams, M.D. Demand B. Harb 131 E West St.	

MEDICAL CERTIFICATION

VALLEY
CONGRESS
BOARD

256
52 3947BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3947

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHEN FIXMER

2. DATE
OF
DEATH

4-23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1606 Smith Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 25-42

D. STREET ADDRESS (If rural, give location)

1606 Smith Ave

Length of stay in Baltimore

45

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug 20 - 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TOOL SHARPENER

10B. KIND OF BUSINESS OR
INDUSTRY

WHOLESALE MFG

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

Hungary

13. FATHER'S NAME

STEPHEN FIXMER

TOOL (M)

14. MOTHER'S MAIDEN NAME

MARIE -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ISABELLE PARDOE 1606 Smith Ave

18. 420.1

CAUSE OF DEATH

occlusion

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension & Cardio-

DUE TO

(C)

vascular disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12/52 to 4/23, 1952, that I last saw the
deceased alive on 4/19, 1952, and that death occurred at 9:47 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

203 Calverton Ave

4/23/52

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 24 1952

Huntington Williams, M.D.

Hoff C. Wallers

635 36 3517 Frederick Ave

1951

1898

13

360
2 3948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3948
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Isa Story		Apr 23 1952	
3. PLACE OF DEATH:			
A. Baltimore City, Maryland 27 N. Carey St			
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital 27 N. Carey St			
C. Length of stay in Baltimore 40 Yrs. Mos. Days			
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)		A. STATE Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
D. STREET ADDRESS (If rural, give location)		27 N. Carey St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widow	June 30/1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday)
Housewife			77
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Quinton Stallings		North Carolina	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
Ruth A. McGrail		Edgewood Md	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) ARTERIO SCLEROTIC CARDIOMYOPATHY	
II		DUE TO VASCULAR DISEASE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) EHEMOPALCATION	
		DUE TO CACHEXIA	
		(C) SENILE PSYCHOSIS	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/1, 1952, to 4/23, 1952, that I last saw the deceased alive on 4/23, 1952, and that death occurred at 7 PM, from the causes and on the date stated above.		23A. SIGNATURE	
23B. ADDRESS		23C. DATE SIGNED	
701 Channing Court		4/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Apr 25 1952	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
New Cathedral		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
APR 24 1952		Huntington Williams	
VS 150		FUNERAL DIRECTOR	
		4204 Ridgewood Av	

MEDICAL CERTIFICATION

701 Channing Circle Rd
Shaw, I

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3949

BIRTH NO. 48-08148

1. NAME OF DECEASED (Type or Print) PATRICIA WILSON		2. DATE OF DEATH April 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 505 Orchard Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/15/48
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		9B. KIND OF BUSINESS OR INDUSTRY	9C. AGE (In years last birthday) 4
10A. BIRTHPLACE (State or foreign country) Balto. md		10B. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. FATHER'S NAME James Wilson		12. MOTHER'S MAIDEN NAME Irene Eddy	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. SOCIAL SECURITY NO.	
15. INFORMANT James Wilson		16. ADDRESS 505 Orchard	

18. **E812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Peritoneal hemorrhage**

DUE TO **rupture of liver**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 500 Orchard Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 22, 1952 1:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED April 22, 1952	
24A. BURIAL, CREMATION OR REMOVAL (Specify) Removed		24B. DATE 4/26/52		24C. NAME OF CEMETERY OR CREMATORY Sumter S.C.	
24D. LOCATION (City, town, or county) (State) Sumter S.C.		25. FUNERAL DIRECTOR P. J. Feltner		ADDRESS 900 Drury	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		V S 151	

N864.2

will ask

0145 82

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. Some words like "STATE OF NEW YORK" and "OFFICE OF THE ATTORNEY GENERAL" are visible.]

J. C. P. MUC.

52	3950	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52	3950	Registered No.
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) SAMUEL BO LING			2. DATE OF DEATH April 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, in institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 511 N. Central Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
C. Length of stay in Baltimore 40 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 515 N. Central Ave		
5. M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July-31-1889		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Theater		11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Brice Bolling		
14. MOTHER'S MAIDEN NAME Eliza ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mary McNeil 1327 1/2 N. Fulton Ave		
18. 443X and 002X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive + Atherosclerotic Cardiovascular Disease					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Durlacher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Apr 20, 1952	
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial		24B. DATE 4/24/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR ADDRESS E. Roy O. Wilson 1000 Beauty Dr			
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952					
REGISTRAR'S SIGNATURE Huntington Williams, M.D.					
V S 151 7808K					

MEDICAL CERTIFICATION

COLUMBIAN EXPOSITION 1892

1892

J. H. H. H. H.

1892

1892

1892

1892

1892

1892

1892

1892

1892

1892

1892

1892

1892

1892

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 3951

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Charles William Martin			2. DATE OF DEATH 4-22-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
length of stay in Baltimore 12 yrs.			d. STREET ADDRESS (If rural, give location) 635 W. Hoffman St. -1		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 20, 1911		9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) S. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Martin (D)			14. MOTHER'S MAIDEN NAME Lattie Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.			

18. 540.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ruptured Peptic Ulcer DUE TO Amebic Colitis DUE TO Hypertensive, Arteriosclerotic Cardiovascular disease DUE TO over 1 yr		INTERVAL BETWEEN ONSET AND DEATH over 1 yr
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-18-52 , 19 52 , to April 22 , 19 52 that I last saw the deceased alive on April 22 , 19 52 , and that death occurred at 1.20am. , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS 4940 Eastern Ave.	23c. DATE SIGNED 4-23-52		

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE APR 26 1952	24c. NAME OF CEMETERY OR CREMATORY MT. AUBURN	24d. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND.
--	---------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>[Signature]</i>
--	---	--

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

100-10000

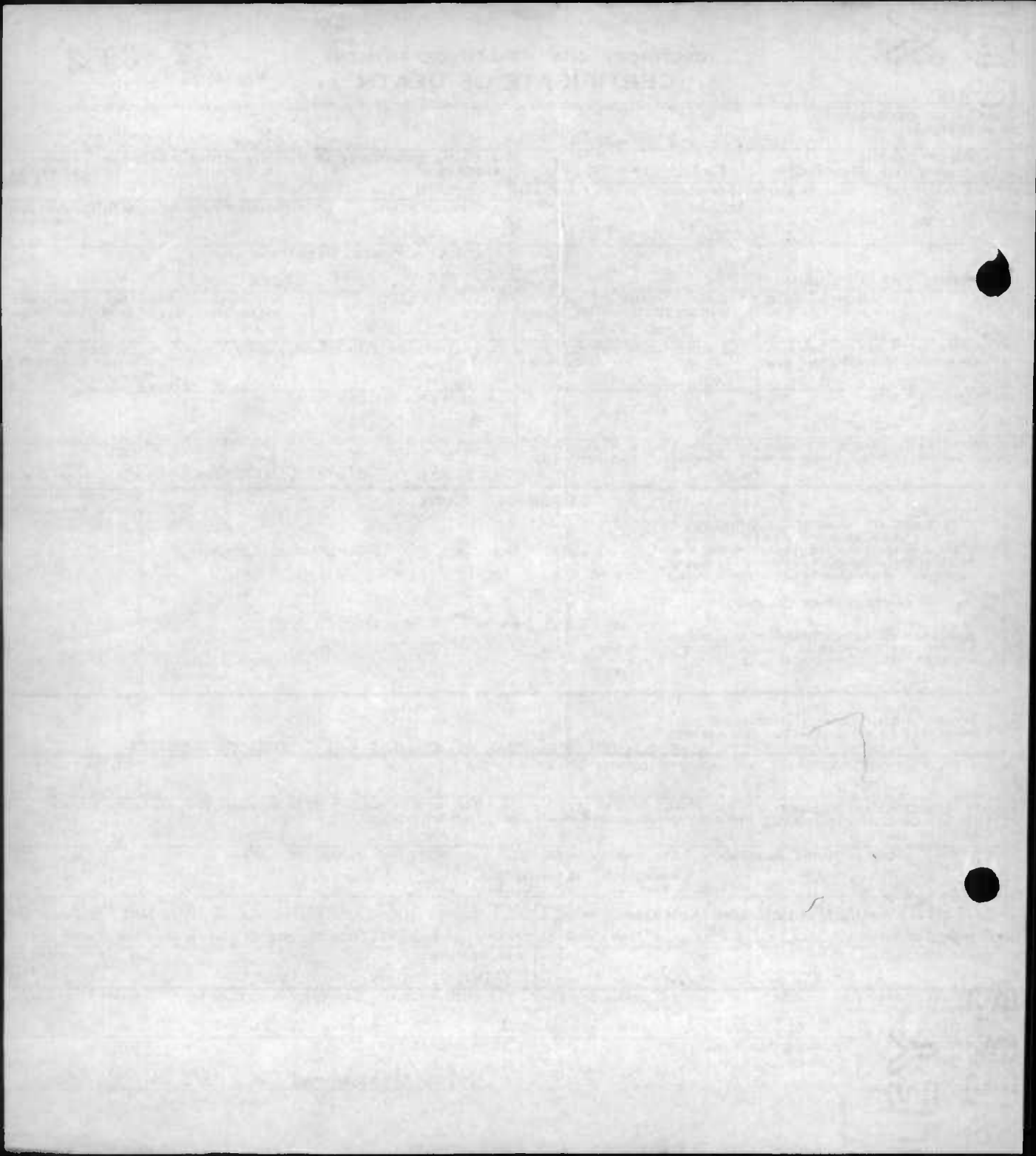
100-10000

100-10000

100-10000

651
52 3952BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3952
Registered No.

BIRTH NO.		2. DATE OF DEATH April 23, 1952	
1. NAME OF DECEASED (Type or Print) Crombie, Blanche Marie		3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore 206 D. STREET ADDRESS (If rural, give location) 1715 N. Wolfe Street #13	
Length of stay in Baltimore Life		5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	
13. FATHER'S NAME John O Donnell		14. MOTHER'S MAIDEN NAME Annie Devlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Viola Nelson (Daughter)		ADDRESS 1715 Wolfe St	
18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Secondary carcinoma liver DUE TO (B) Carcinoma rectum DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Adenocarcinoma of colon; Carcinoma of rectum			
19A. DATE OF OPERATION April 9, 1952		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 6, 1952, to April 23, 1952, that I last saw the deceased alive on April 23, 1952, and that death occurred at 1:20 p.m., from the causes and on the date stated above.		23A. SIGNATURE J. Joseph Kojan M. D.	
23B. ADDRESS 1100 N. Caroline Street		23C. DATE SIGNED April 23, '52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE April 26 1952	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR PR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR J. Melville Jenkins		ADDRESS 2713 York Ave.	



-626
52 3953BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3953
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marquart, Elizabeth B.

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

South Baltimore
General HospitalB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSouth Baltimore General Hospital
1213, Light Street, Baltimore 30, Md.Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

CHARLES I BURNS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

HARRY L MARQUART 3409 WALBROOK AVE.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Pleurisy, bilateral
DUE TO metastatic carcinoma

6 months

(B) Previous carcinoma of the
DUE TO left breast

3 1/2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3 1/2 yrs. ago

19B. MAJOR FINDINGS OF OPERATION

carcinoma of left breast

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in/a
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/1952 to 4/22/1952 that I last saw the
deceased alive on 4/22/1952 and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Chi-Chao Chin M.D.

23B. ADDRESS

South Baltimore
General Hospital, 1213 Light St.

23C. DATE SIGNED

April 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

4-25-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

(State)

Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

APR 24 1952

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3954**

1. NAME OF DECEASED (Type or Print) RACHEL ANN YOUNG		2. DATE OF DEATH Apr. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 917 N. Kresson St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
C. Length of stay in Baltimore 23 years		D. STREET ADDRESS (If rural, give location) 917 N. Kresson St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 31, 1865
9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? U.S.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
13. FATHER'S NAME John Shepperd		14. MOTHER'S MAIDEN NAME Rachel Ensor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Young - son - above		ADDRESS	

18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatous - DUE TO Cancer of Breast Rt/- ANTECEDENT CAUSES General Weakness - DUE TO General Weakness - DUE TO		CAUSE OF DEATH Carcinomatous - Cancer of Breast Rt/- General Weakness -	INTERVAL BETWEEN ONSET AND DEATH 4 yr -
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 15, 1952 to April 22, 1952 , that I last saw the deceased alive on April 22, 1952 and that death occurred at 3:00 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Louis F. Brunner		23B. ADDRESS 722 No. Kenwood Ave		23C. DATE SIGNED 4/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Apr. 25, 1952		24C. NAME OF CEMETERY OR CREMATORY Asbury M. E. Cemetery	
24D. LOCATION (City, town, or county) (State) Reisterstown, Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams			

1934

CERTIFICATE OF DEATH

APR. 12, 1932

WILLIAM A. THOMAS

127 N. Lincoln St.

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

17 J. A. Thomas

200

3955
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3955

1. NAME OF DECEASED (Type or Print) <i>Marion Stewart Lewis</i>			2. DATE OF DEATH <i>April 20, 1952</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>9-08</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>712 E. 21st St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>712 E. 21st St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 28, 1905</i>	9. AGE (in years last birthday) <i>46</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Stewart</i>			14. MOTHER'S MAIDEN NAME <i>Alice Kelley</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Alice Stewart 712 E. 21st St.</i>		

CAUSE OF DEATH

18. <i>124X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i>	(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of uterus</i>	(B) DUE TO	<i>?</i>
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-11*, 1952, to *4-20*, 1952, that I last saw the deceased alive on *4-10*, 1952, and that death occurred at *11:25 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Thomas W. Harris</i>	M. D.	23B. ADDRESS <i>1824 W. Franklin St.</i>	23C. DATE SIGNED <i>4-22-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>April 25, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Northampton Co. Va.</i>	24D. LOCATION (City, town, or county) (State) <i>Northampton Co. Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 24 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS <i>Schroeder St.</i>

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3956**

520
3956
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Olivia Jones			2. DATE OF DEATH April 21-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 00 232 N. Carlton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 18-02		
6. LENGTH OF STAY IN BALTIMORE 00			D. STREET ADDRESS (If rural, give location) 232 N. Carlton St.		
7. SEX Female	8. COLOR OR RACE Col.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Oct. 31, 1909		11. AGE (In years, last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10B. KIND OF BUSINESS OR INDUSTRY Restaurant		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Allen T. Smith			14. MOTHER'S MAIDEN NAME Alice Denby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Alice Fulghum 232 N. Carlton St.		

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma in abdomen?		CAUSE OF DEATH (A) Carcinoma in abdomen?	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Jan 22, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Jan 22, 1952** to **Apr 21, 1952**, that I last saw the deceased alive on **Apr 18, 1952** and that death occurred at **5 a** m., from the causes and on the date stated above.

23A. SIGNATURE **W. R. Johnson** M.D. 23B. ADDRESS **403 Mid Arts Bg** 23C. DATE SIGNED **4-21-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 25, 1952	24C. NAME OF CEMETERY OR CREMATORY Wt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mrs. Mrs. Katie R. Williams Schenck	

MEDICAL CERTIFICATION

1944

THE UNIVERSITY OF CHICAGO

1944



510
52 3957BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3957
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frank Joseph Knauff</i>		2. DATE OF DEATH <i>Apr-23-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1502 Malster Ave.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore, Maryland 14-01</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1502 Malster Avenue</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov-11-1900</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bar tender</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Tavern</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. C.</i>		13. FATHER'S NAME <i>Francis J. Knauff</i>		14. MOTHER'S MAIDEN NAME <i>Bridget Bonaghan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-05-7235</i>		17. INFORMANT ADDRESS <i>Mrs. C. M. Schmehling - 1502 Malster Ave.</i>	
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis with Bronchopneumonia</i>		CAUSE OF DEATH <i>Pulmonary Tuberculosis with Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Partly years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO (B) DUE TO (C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>22 April, 1952</i> , to <i>23 April, 1952</i> , that I last saw the deceased alive on <i>23 April, 1952</i> , and that death occurred at <i>9:00 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Huntington W. Williams</i>		23B. ADDRESS <i>1938 Deader Ave</i>		23C. DATE SIGNED <i>24 April 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Apr-26-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Country</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>APR 24 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Stewart & Mowen Co.</i>		24H. ADDRESS <i>108 W. North Ave</i>		24I. CITY <i>City #1</i>	

VALLEY
CONCRETE
CORP.

320
52 3958BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3958

Registered No.

BIRTH NO. 52-06331

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland B4 Nur.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

Thomas H. Maddux

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Mar. 17, 1952

9. AGE (In years last birthday)

If Under 1 Year Months Days

38

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Tall

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Buck Trauma &
? (Congenital Cerebral Defect)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1952, to 4-23, 1952, that I last saw the deceased alive on 4-23, 1952, and that death occurred at 10:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Date of death: [illegible]
7. Place of death: [illegible]
8. Cause of death: [illegible]
9. Signature of physician: [illegible]
10. Signature of registrar: [illegible]

11. Name of informant: [illegible]
12. Address of informant: [illegible]
13. Signature of informant: [illegible]
14. Date of completion: [illegible]
15. Registrar's office: [illegible]
16. County: [illegible]
17. State: [illegible]

163

3959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3959

1. NAME OF DECEASED (Type or Print) HENRY W. HUBBARD		2. DATE OF DEATH 4/23/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1913 EUTAW PLACE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1223 S. KENWOOD AVE.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8/9/1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN, RETIRED		10B. KIND OF BUSINESS OR INDUSTRY BALTO. FIRE DEPT.	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY C. HUBBARD		14. MOTHER'S MAIDEN NAME MARGARET LENTZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT CAROLINE HANAN		ADDRESS 3929 HUDSON ST.	
18. 148 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the throat DUE TO (A) Cancer of the throat (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Cirrhosis of the liver Generalized Arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH About 6 months Years. ? Years ?
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 23, 1944 , to April 23, 1952 , that I last saw the deceased alive on April 23, 1952 , and that death occurred at 105 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE Frank H. Oden		23B. ADDRESS 2701 W. Calvert St.	
23C. DATE SIGNED April 24, 52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4/26/1952	
24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK		24D. LOCATION (City, town, or county) (State) BALTO MD.	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Lawrence F. Hoffmann	
		ADDRESS 1639 N. Broadway	

MEDICAL CERTIFICATION

8000

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 3960

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Edna E. Frantum2. DATE
OF
DEATHApril 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1722 Darley Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1722 Darley Ave

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

May 6, 18839. AGE (In years
last birthday)68If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)at home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Kraemer

14. MOTHER'S MAIDEN NAME

Sarah Lancaster15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel T. Frantum 1722 Darley Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Nephritis - Hypertension3 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cord - vascular Disease 5 yrs.

DUE TO

(C)

Hypertension - Secondary Arteriosclerosis 3 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes Mellitus - Chronic Arteriosclerosis 7 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1952 to April 22, 1952 that I last saw the
deceased alive on April 21, 1952 and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Albert J. Phoebe

M. D.

23B. ADDRESS

2302 Edmondson Ave

23C. DATE SIGNED

4/23/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

4/25/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Pk.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann1639 Broadway.APR 24 1952

2700 Columbus Ave

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1951

68

1853

52 3961

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 3961
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOE ALLENDER CORDDRY		2. DATE OF DEATH April 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY WORCESTER	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL US Public Health Service Hospital INSTITUTION 57 Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Snow Hill	
D. STREET ADDRESS (If rural, give location) 73-01		E. LENGTH OF STAY IN BALTIMORE 59 days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4/5/26
9. AGE (in years last birthday) 26		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Mill Worker		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Corddry		14. MOTHER'S MAIDEN NAME Machrae Allender	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW 2- USA		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Hodgkin's Disease, generalized with severe anemia. DUE TO ANTECEDENT CAUSES (B) Bronchopneumonia, acute, bilateral DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 201X		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. TIME (Month) (Day) (Year) (Hour) APR. 24 1952	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 25, 1952 , to APR. 24, 1952 , that I last saw the deceased alive on APR. 24, 1952 and that death occurred at 8:50A m., from the causes and on the date stated above.			
23A. SIGNATURE D.W. Patrick, Medical Officer in Charge		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 4/24/52		24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVED	
24B. DATE APR 24 1952		24C. NAME OF CEMETERY OR CREMATORY WHAT COMT METH.	
24D. LOCATION (City, town, or county) (State) SNOW HILL MD		25. FUNERAL DIRECTOR CLAY DENNIN	
DATE RECEIVED BY LOCAL REGISTRAR APR 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
ADDRESS		ADDRESS SNOW HILL MD	

YS 150

69030

Mr. Marchesi
Vet Rep.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3962
Registered No. 52 3962

1. NAME OF DECEASED (Type or Print) TURNER ASHEY MONCURE			2. DATE OF DEATH April 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3839 Clifton Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Jan. 27, 1887	9. AGE (in years last birthday) 65	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician			10B. KIND OF BUSINESS OR INDUSTRY Medical		11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME George V. Moncure		
14. MOTHER'S MAIDEN NAME Elizabeth Ford			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War I		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mr. G. V. Moncure, Jr. - Stafford, Va.		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **477-1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) _____ DUE TO _____

(B) _____ DUE TO _____

(C) _____ DUE TO _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒ **accident** ☐ **suicide** ☐ **homicide** ☐ **undetermined** ☐.

23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED April 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 4/26/52	24C. NAME OF CEMETERY OR CREMATORY Aquia Episcopal Cem.	24D. LOCATION (City, town, or county) (State) Stafford Co., Va.		
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		26. ADDRESS <i>Wm. J. Tilden & Sons Bldg 17, Md</i>			

DATE RECEIVED BY LOCAL REGISTRAR
APR 24 1952

MEDICAL CERTIFICATION

NOV 1943

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

NOV 1943

MEMORANDUM

1. The following information was received from the [illegible] on [illegible] [illegible] 1943.

[The body of the memorandum contains several paragraphs of extremely faint, illegible text. The text appears to be a report or summary of information received from an external source.]

Very truly yours,
[Signature]
[Illegible Title]
[Illegible Name]

516

52 3963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3963
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA HAMBURGER

2. DATE
OF
DEATH

4-23-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Esplanade Apts 6B

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10b. KIND OF BUSINESS OR
INDUSTRY4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Esplanade Apts 6B

8. DATE OF BIRTH

13-01

9. AGE (In years
last birthday)

54

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Vladimir Hamburger - Same

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Heart decompensation

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

anemia

3 mos

(C)

Carcinoma of the liver

6 mos?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to April 23, 1952, that I last saw the
deceased alive on April 23, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE

Joseph Cohen M.D.

23b. ADDRESS

6702 Park Heights Ave

23c. DATE SIGNED

4-24-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

4-25-52

24c. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24d. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Lexington

ADDRESS

Jonas Cohen
6702 Park Hgts
Le 2207
70 6233

52 3964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3964

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET M HUGHES

2. DATE
OF
DEATH

4/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

42 SINAI HOSPITAL

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-09

D. STREET ADDRESS (If rural, give location)

726 E. PRESTON ST.

8. DATE OF BIRTH

SEP 18, 1888

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

✓

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

W.S.

13. FATHER'S NAME

MICHAEL HUGHES

14. MOTHER'S MAIDEN NAME

MARY FRANCES DEHS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 155X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CA of the neck of the
Gall B bladder

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21/52, 1952 to 4/23/52, 1952 that I last saw the deceased alive on 4/23, 1952 and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lewis Eugene Sato

M. D.

23B. ADDRESS

SINAI HOSPITAL, Balt. Md.

23C. DATE SIGNED

4/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

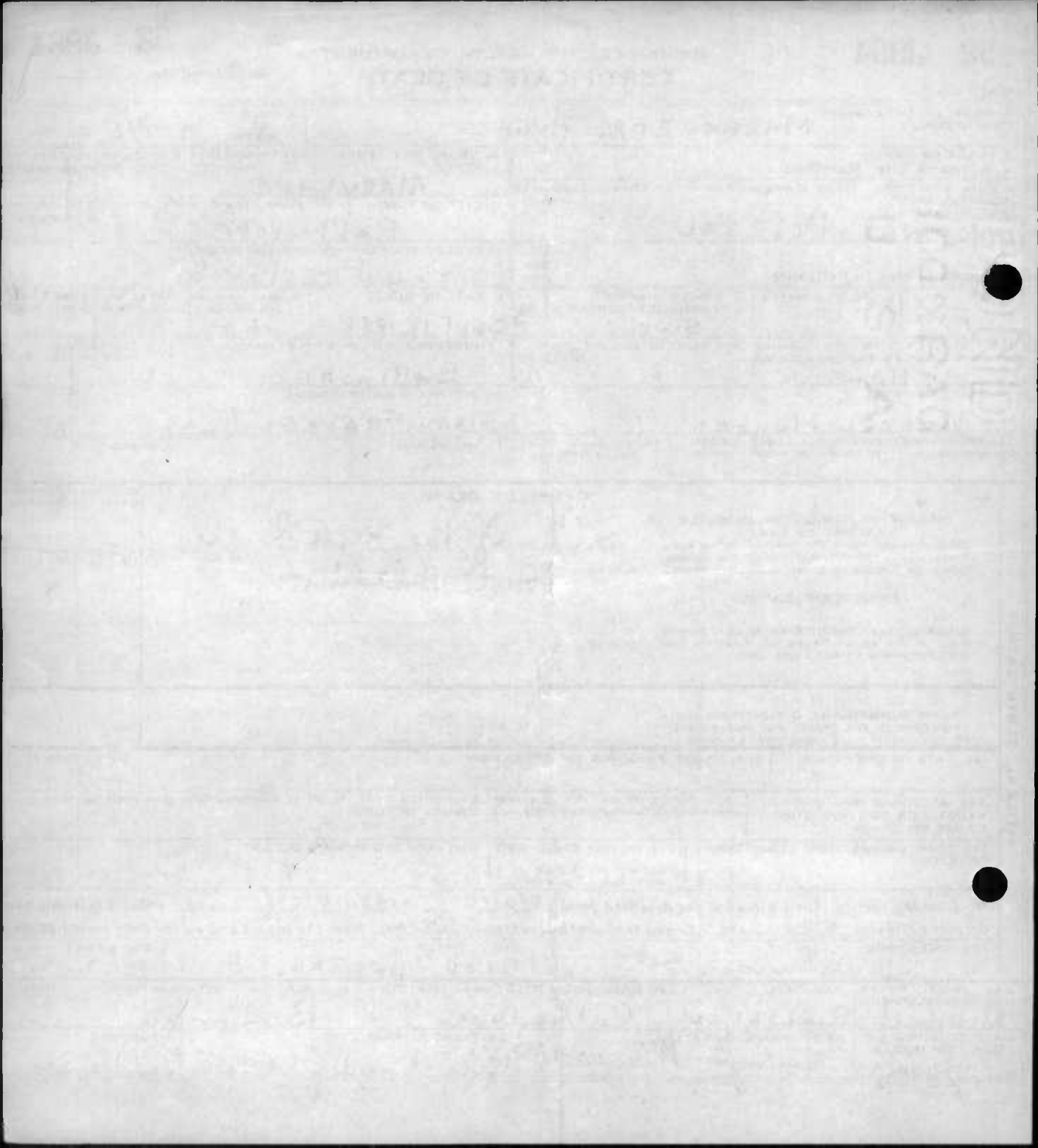
ADDRESS

Rita Wiedefeld 906 Biddle St

APR 25 1952

VS 150

MEDICAL CERTIFICATION



52 3965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3965
Registered No.

BIRTH NO. 61-30429

1. NAME OF DECEASED
(Type or Print)

GREGORY

ROMAN

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1125 Madison Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1125 Madison Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Child

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Thelma Roman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Ponder 1125 Madison

18. 053.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

April 22, 1952

M.D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/26/52

Mt Auburn

Westport, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

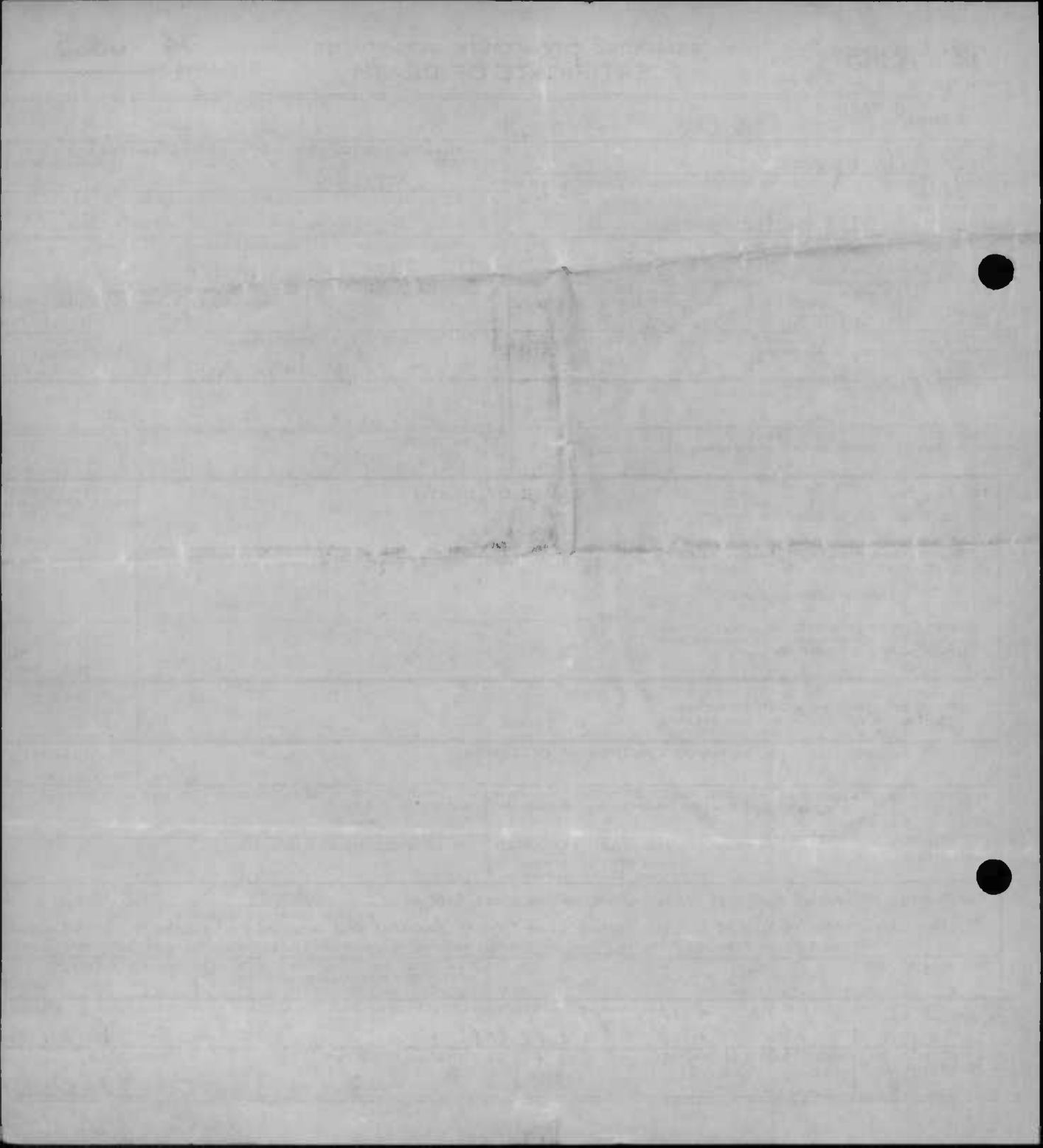
ADDRESS

R 25152

Huntington Williams, MD

A C Halsehead 918 Drive

Hill ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD A. HAMILTON

2. DATE
OF
DEATH

April 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2029 Belvedere Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

2029 Belvedere Avenue

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

Male White

White

Married

1/29/1903

49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Steam Fitter

Mrs. Filbert

13. FATHER'S NAME

OLEMAR GORDON (M)

11. BIRTHPLACE (State or foreign country)

Troy N.Y.

12. CITIZEN OF
WHAT COUNTRY?

Wm A. Hamilton

14. MOTHER'S MAIDEN NAME

Theresa Connelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS E.

No

217-18-5394

Virginia A. Hamilton Belvedere

18. **470 1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR.....☒

April 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4/26/52

St. Peters

Barto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

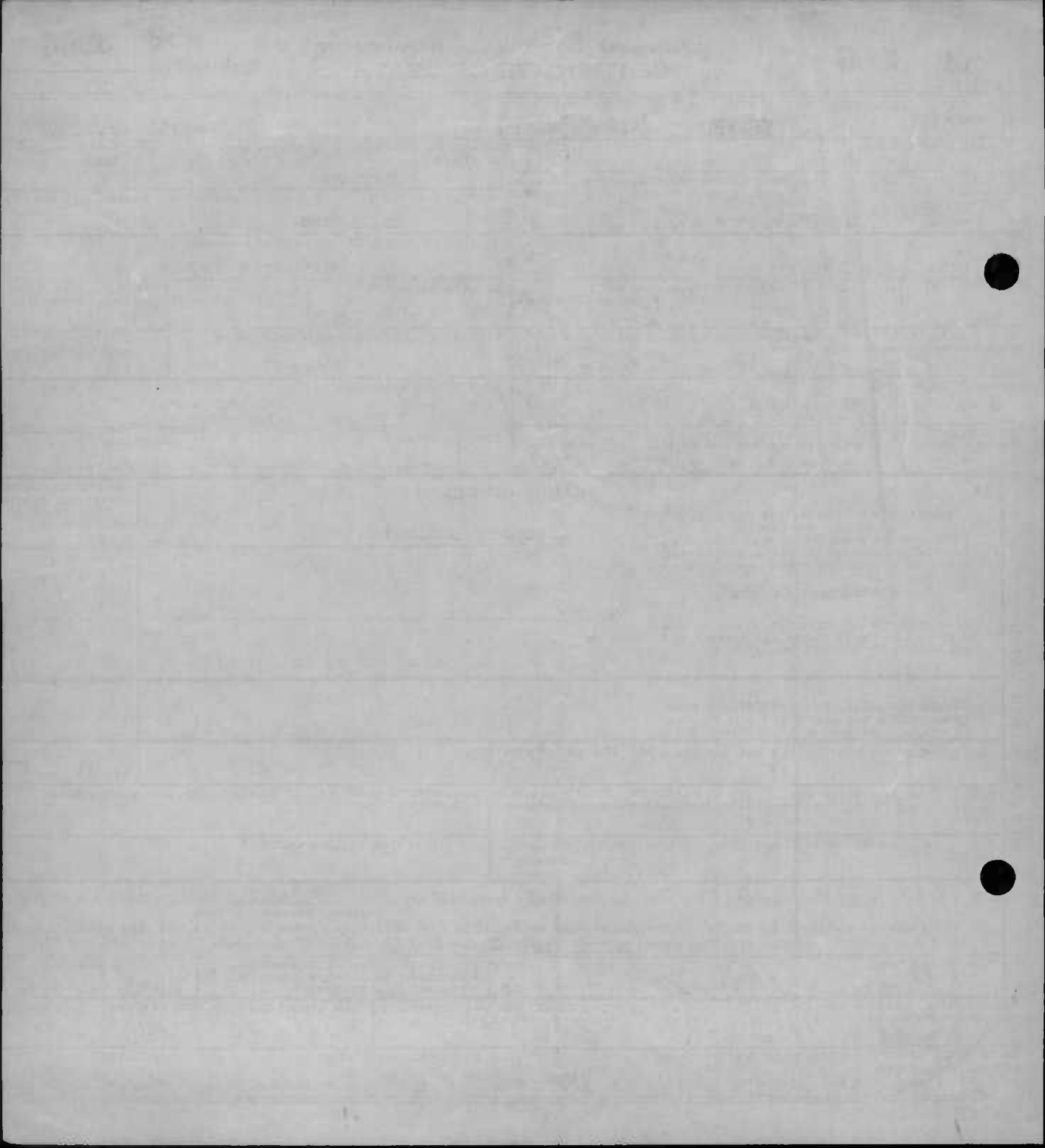
Huntington Williams, MD.

Wm Cook Inc. 1217 St. Paul St

V S 151

574-47

MEDICAL CERTIFICATION



650

52 3967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3967

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GRACE ATHELDA DURHAM			2. DATE OF DEATH 4/24/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 2-7-12		
Length of stay in Baltimore 44 Mrs. <input checked="" type="checkbox"/> Days <input checked="" type="checkbox"/>			D. STREET ADDRESS (If rural, give location) 192 HOLLEN RD		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Mar 4, 1883		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME NATHANIEL BURKHEAD			14. MOTHER'S MAIDEN NAME LAURA SMITH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 245-32-3014	17. INFORMANT ADDRESS Navy Burkhead, 1329 James St.		

18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Rupture of aneurism of thoracic aorta DUE TO (B) Generalized arteriosclerosis DUE TO (C) Obesity severe Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from **4/23/52**, 19__, to **4/24/52**, 19__, that I last saw the deceased alive on **4/24/52**, 19__, and that death occurred at **12:30** m., from the causes and on the date stated above.

23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hosp. Baltimore, Md.		23C. DATE SIGNED Apr 24/1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/26/52	24C. NAME OF CEMETERY Louisa Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook & Co. 1217 St. Paul St.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

I, _____

do hereby certify that _____

was born on _____

at _____

and died on _____

at _____

from _____

caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

and the death was caused by _____

620

52 3968

BIRTH NO.

KARSOW
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3968

1. NAME OF DECEASED (Type or Print) Michael Karsow		2. DATE OF DEATH Apr. 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1822 Woodside Avenue	
5. SEX M	6. COLOR OR RACE W	7. STATUS WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. - Lawyer		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? Russia	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT		ADDRESS	
18. 177X		Martin J. Towles, 1822 Woodside Ave	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		1 yr.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1 yr.	
19A. DATE OF OPERATION 4-18-52		19B. MAJOR FINDINGS OF OPERATION Cerebral cortical atrophy	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 17, 1952 , to April 23, 1952 , that I last saw the deceased alive on April 23, 1952 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Robert A. Moore, Jr.		23B. ADDRESS University Hosp.	
23C. DATE SIGNED Apr 24, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 4/26/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 So. Paul St.	



120

52 3969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3969

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Spisa</i>		2. DATE OF DEATH <i>4/23/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1727 E. Oliver st.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 8-07</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1727 E. Oliver st.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1/3/1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (In years last birthday) <i>83</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Margaret A. Cairns E. Oliver st</i>		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>260x</i> <i>Acidosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes mellitus</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. <i>Arteriosclerotic heart disease?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>4-25-</i> , 19 <i>51</i> , to <i>4/23/</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>4/22/</i> , 19 <i>52</i> , and that death occurred at <i>12 Noon</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John Friedman</i>		23B. ADDRESS <i>1737 E. North Ave</i>	
23C. DATE SIGNED <i>4/24/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>4/26/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
25. FUNERAL DIRECTOR <i>Wm. Gork Inc.</i>		ADDRESS <i>1217 St. Paul st.</i>	

MEDICAL CERTIFICATION

425

52 3970
Non ResBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3970

BIRTH NO. <u>Non Res</u>		1. NAME OF DECEASED (Type or Print) <u>JOHNE. WILSON</u>		2. DATE OF DEATH <u>4-22-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, 1/3-02</u>			
D. STREET ADDRESS (If rural, give location) <u>2050 Linden Ave.</u>		E. LENGTH OF STAY IN BALTIMORE <u>4</u> Yrs. <u>0</u> Mos. <u>0</u> Days			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>		8. DATE OF BIRTH <u>JUNE 21, 1947</u>	9. AGE (In years last birthday) <u>4</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? —		13. FATHER'S NAME <u>John Wilson, Jr.</u>		14. MOTHER'S MAIDEN NAME <u>Lou Ellen Stiles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS <u>John Wilson, 2050 Linden Avenue</u>	
18. <u>752X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Internal hydrocephalus</u> DUE TO <u>Tuberculosis of basal cisterns</u> (B) <u>ventral</u> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>4 yrs.</u> <u>4 yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Sclerosis</u>		<u>4 yrs.</u>	
19A. DATE OF OPERATION <u>Feb 5, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Internal hydrocephalus</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Nov 21</u> , 19 <u>51</u> , to <u>April 22</u> , 19 <u>52</u> that I last saw the deceased alive on <u>April 22</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert A. Moore Jr.</u>		M. D. _____		23B. ADDRESS <u>University Hosp.</u>	
23C. DATE SIGNED <u>April 23, 1952</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>4/25/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Parkville, Maryland</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>APR 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. Cook, Inc., 1217 St. Paul St.</u>	

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1911

(1)

(2)

(3)

REPORT ON THE
STATE OF THE
HEALTH OF THE
STATE OF NEW YORK
FOR THE YEAR
1911

THE STATE OF NEW YORK
DEPARTMENT OF HEALTH

REPORT ON THE
STATE OF THE
HEALTH OF THE
STATE OF NEW YORK
FOR THE YEAR
1911

REPORT ON THE
STATE OF THE
HEALTH OF THE
STATE OF NEW YORK
FOR THE YEAR
1911

630

52 3971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3971

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FORD, MRS LILLIAN

2. DATE
OF
DEATH

4/22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 30 12-01

D. STREET ADDRESS (If rural, give location)

805 sharp street

8. DATE OF BIRTH

1884

9. AGE (In years last birthday)

58

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

unknown

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

uremia

Hypertensive C.V.D.

?

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1952 to 4/22, 1952, that I last saw the deceased alive on 4/22, 1952, and that death occurred at 10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Perilla

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct

24D. LOCATION (City, town, or county)

A. A. Co, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

108-20 L. Brown & Son Montgomery St

ADDRESS

560
52 3972SINNER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3972
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Sinner

2. DATE
OF
DEATH

4. 23. 62.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Doctors Hospital

h of stay in Baltimore

49

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-05

D. STREET ADDRESS (If rural, give location)

1841 N. Castle St. #13

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1902. 31st May9. AGE (In years
last birthday)

49

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Lithography

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Sinner

14. MOTHER'S MAIDEN NAME

Rose Pahl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Olivia Sinner. 1841 N. Castle St. #13

18. 442 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TODegenerative Cardio-vascular
Renal Disease
Arteriosclerosis

P

P

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Congestive heart failure

2.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-21, 1952 to 4. 23rd, 1952 that I last saw the deceased alive on 4-23, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

L. David Schneider

M. D.

23B. ADDRESS

1101 N. Union Ave

23C. DATE SIGNED

4-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/26/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 25 1952

VS 150

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO., MD.

ADDRESS

Penger, Stude

523 4M

Dr. David Schneider.

Dr. Lussman.

1109 N. Calvert

Ref. 6065

400

52 3973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3973

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MONGURE ALI, SR.			2. DATE OF DEATH Apr. 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05		
D. STREET ADDRESS (If rural, give location) 3206 Hawkins Point Rd.			E. LENGTH OF STAY IN BALTIMORE ? Yrs. _____ Mos. _____ Days _____		
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/12/95	9. AGE (In years last birthday) 56	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY US Coast Guard		
11. BIRTHPLACE (State or foreign country) La.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Moksed Ali			14. MOTHER'S MAIDEN NAME Ella Blackman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes ?		16. SOCIAL SECURITY NO. ?	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. **570.2** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Thrombosis of superior mesenteric artery with infarction of small intestine**

DUE TO

(B) _____

(C) _____

INTERVAL BETWEEN ONSET AND DEATH
Approx. 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Apr. 19, 1952** to **Apr. 22, 1952**, that I last saw the deceased alive on **Apr. 22, 1952**, and that death occurred at **4:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE **D. W. Patrick, Medical Officer in Charge**

23B. ADDRESS **US PHS Hospital, Balto, Md.**

23C. DATE SIGNED **4/23/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 4/25/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS William A. Jackson & Sons	

59591

MEDICAL CERTIFICATION

1126
RACINE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DECEASED TO THE RACINE CITY HEALTH DEPARTMENT
FOR THE PURPOSE OF A DEATH CERTIFICATE
THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN
OR OTHER PERSON HAVING KNOWLEDGE OF THE DEATH
AND THE CAUSE THEREOF.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF INTERVIEW

NAME OF INTERVIEWER

650

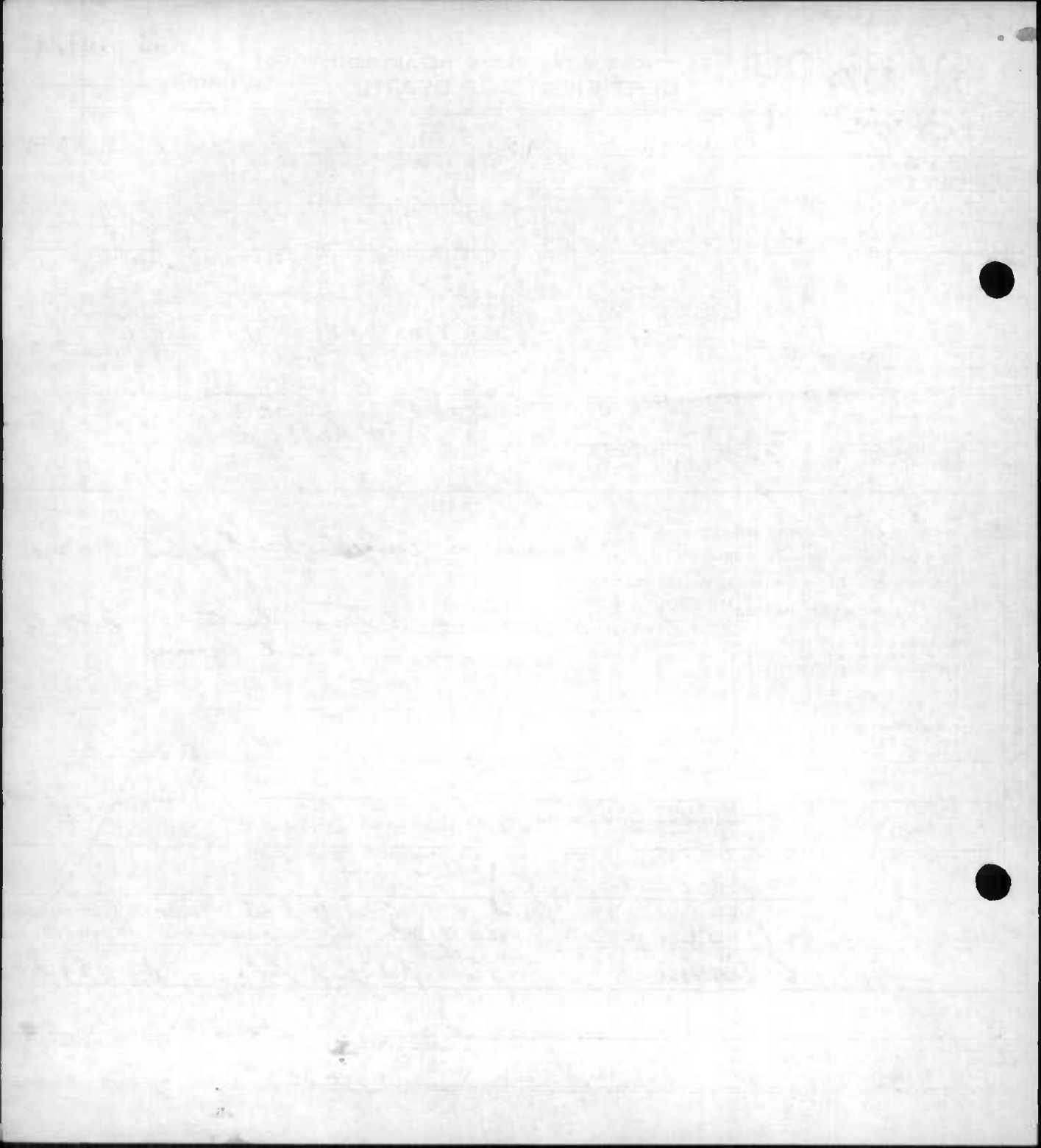
52 3974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3974

Registered No.

1. NAME OF DECEASED (Type or Print) ANNA MARIA Faraone		2. DATE OF DEATH April 23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2806 Goodwood Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-06	
D. STREET ADDRESS (If rural, give location) 2806 Goodwood Road		E. LENGTH OF stay in Baltimore 30 years	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 13-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 69
13. FATHER'S NAME Salvatore Scallo		11. BIRTHPLACE (State or foreign country) Pacchino Sicily	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lucia Chiamarido	
17. INFORMANT Anthony Li Pira		ADDRESS 2806 Goodwood Rd	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia - Congestive heart failure DUE TO 2 days.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arteriosclerosis DUE TO 2 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1950 , to April 23, 1952 , that I last saw the deceased alive on 23 April, 1952 and that death occurred at 10:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE John B. Osborne		23B. ADDRESS 5200 Harford Rd.	
23C. DATE SIGNED April 24 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 26-1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph Faraone Inc. 2013 Greenmount Ave	



52 3975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3975

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS JERDIE WARD

2. DATE
OF
DEATH

4-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 53-00

D. STREET ADDRESS (If rural, give location)

S. ROLLING ROAD

C. Length of stay in Baltimore

78

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct 16, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: Days

86 9

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS L. HUTCHINS

14. MOTHER'S MAIDEN NAME

ANNIE E. BOWEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) H.C.U.D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis + old age

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs +

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1952, to 4/25, 1952, that I last saw the
deceased alive on 4/24, 1952, and that death occurred at 2:55 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. R. Green M.D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

4/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

april 27/52 Mt Harmony

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.

Harry H. Witzke

4101 Edmondson Ave

220
52 3976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3976

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Magdalena Liszewski

2. DATE
OF
DEATH

April 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 542 S. Lehigh St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
Home of Daughter4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 31 2-03D. STREET ADDRESS (If rural, give location)
616 South Wolfe Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

Yrs.
Mos.
Days

8. DATE OF BIRTH

Dec. 11, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kuczinski

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward A. Liszewski 1740 Lancaster Street

18. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Ca of the Liver
Carcinoma of
abdominal
con operable

July 32

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR INTERMENT

St. Stanislaus

1300 Dundalk Ave Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.

George A. Weber 705 S. Ann St

U.S. 50

THE UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

220
52 3977BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 3977

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hayes Hughes

2. DATE
OF
DEATH

April 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Oak 2

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

1314 E. Lexington St.

Length of stay in Baltimore

23 Yrs.

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4 - 18 - 1903

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wilbur Hughes

14. MOTHER'S MAIDEN NAME

Mildred Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 022 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Aortic aneurysm with
rupture

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Syphilis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1952 to 4-22, 1952, that I last saw the
deceased alive on 4-22, 1952 and that death occurred at 12.30 p.m., from the causes and on the date stated above.

23. SIGNATURE

Thomas Franklin Williams M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

4/25/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

APR 25 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos Wilson 1000 Beantley Ave

ADDRESS

VS 150

94055

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

County of _____

CAUSE OF DEATH

DECEASED'S NAME: _____
 SEX: _____
 AGE: _____
 DATE OF DEATH: _____
 PLACE OF DEATH: _____
 OCCASION OF DEATH: _____
 MANNER OF DEATH: _____
 CAUSE OF DEATH: _____
 MEDICAL HISTORY: _____
 PRESENT ILLNESS: _____
 PREVIOUS ILLNESS: _____
 PREVIOUS SURGERY: _____
 PREVIOUS TRAUMA: _____
 PREVIOUS DRUGS: _____
 PREVIOUS ALCOHOL: _____
 PREVIOUS TOBACCO: _____
 PREVIOUS OTHER: _____
 PREVIOUS OCCUPATION: _____
 PREVIOUS HOBBIES: _____
 PREVIOUS RELIGION: _____
 PREVIOUS EDUCATION: _____
 PREVIOUS MARRIAGE: _____
 PREVIOUS CHILDREN: _____
 PREVIOUS PARENTS: _____
 PREVIOUS SIBLINGS: _____
 PREVIOUS OTHER: _____

THE ABOVE STATEMENTS OF _____

ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF

Signed _____

Witness _____

Witness _____

Witness _____

Witness _____

Witness _____

Witness _____

Witness _____

Witness _____

242
52 3978
158375BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3978

BIRTH NO.

1. NAME OF DECEASED (Type or Print) James Douglas			2. DATE OF DEATH 4-22-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY BALTO.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 53-00		
5. Length of stay in Baltimore 16 yrs.			6. STREET ADDRESS (If rural, give location) 501 K. St. Sp. Pt. -19		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 8, 1913	9. AGE (in years last birthday) 38	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Man		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) S. C.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charlie Douglas		14. MOTHER'S MAIDEN NAME Kate McDowell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS E. C. H. Records, 4940 Eastern Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 583 X1 Toxic Nephrosis, cause undetermined		INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Toxic Hepatitis		1 week
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 4/27/1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 17 , 19 52 , to April 22 , 19 52 , that I last saw the deceased alive on April 22 , 19 52 , and that death occurred at 1.55PM , from the causes and on the date stated above.				
23A. SIGNATURE G. B. Allen		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 4-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/27/1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Choy Wilson 1000 Beatty Ave	

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

1-1-1

52 3979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3979
Registered No.

BIRTH NO.

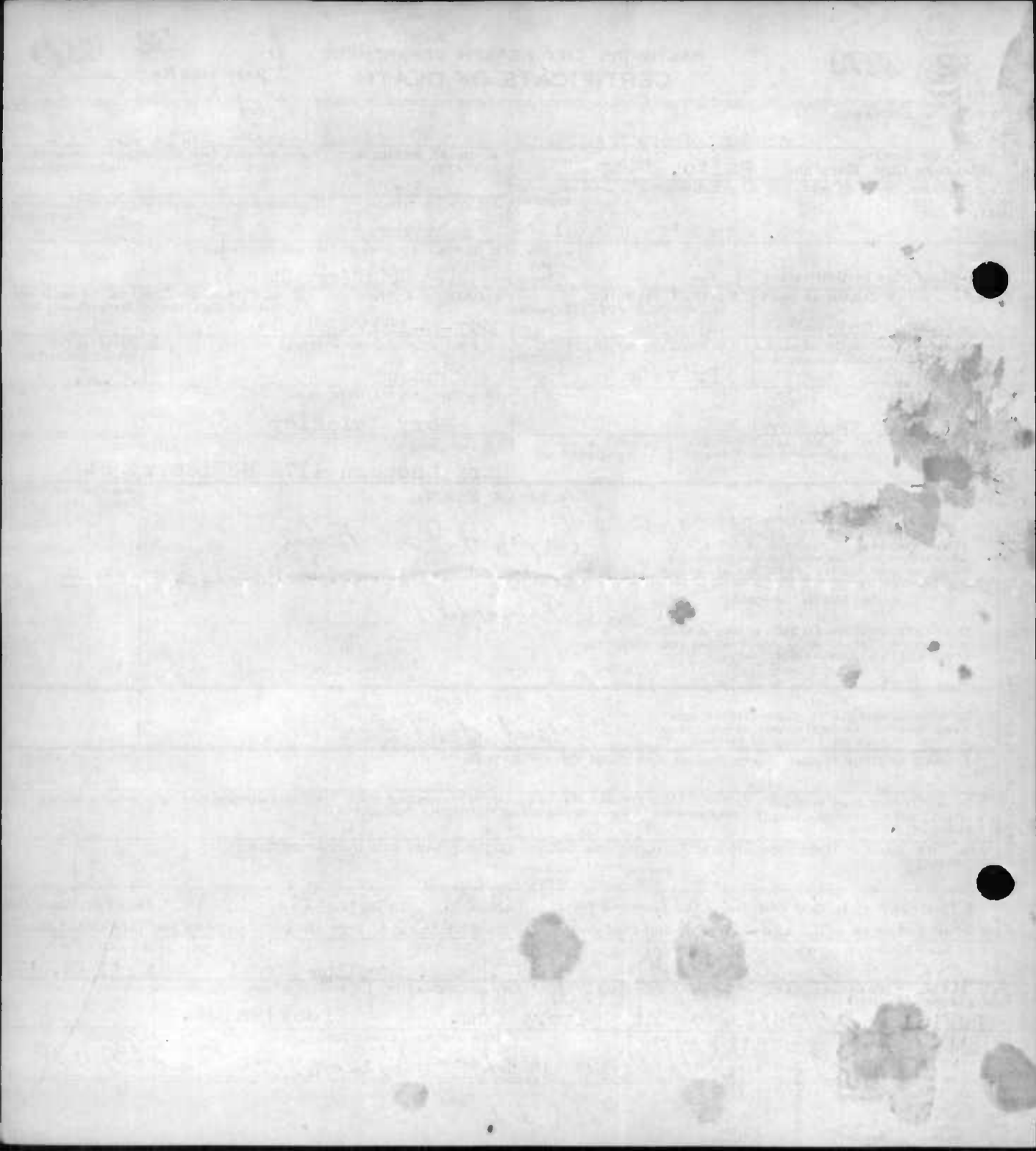
1. NAME OF DECEASED (Type or Print) <u>Snowden, Theresa Mary</u>			2. DATE OF DEATH <u>April 23, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. Length of stay in Baltimore <u>Life</u>			O. STREET ADDRESS (If rural, give location) <u>1173 McElderry Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May-2-1917</u>	9. AGE (In years last birthday) <u>34</u>	10. Under 1 Year Months: <u> </u> Days: <u> </u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Private</u>		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William Snowden</u>			14. MOTHER'S MAIDEN NAME <u>Mary Quickley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u> </u>		
17. INFORMANT <u>Mary Snowden</u>			ADDRESS <u>1173 McElderry St</u>		

CAUSE OF DEATH

18. <u>434.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <u>Longtime Heart Failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u> </u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Pericarditis</u>	<u> </u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Infarct of Rt. Lower Lung.</u>	<u> </u>

19A. DATE OF OPERATION <u> </u>	19B. MAJOR FINDINGS OF OPERATION <u> </u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u> </u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u> </u>
22. I hereby certify that I attended the deceased from <u>April 23, 1952</u> to <u>April 23, 1952</u> , that I last saw the deceased alive on <u>April 23, 1952</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>E. P. [Signature]</u>	23B. ADDRESS <u>1400 N. Caroline Street</u>	23C. DATE SIGNED <u>April 23, 1952</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>4/26/1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u> </u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	FUNERAL DIRECTOR <u> </u>	ADDRESS <u>1000 Beatty ave</u>



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 3980

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GOLDIE N. NILAND			2. DATE OF DEATH April 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-07		
D. STREET ADDRESS (If rural, give location) 418 S. Macon Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 21, 1903	9. AGE (In years last birthday) 48	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (State or foreign country) W. Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Burns to Burns			14. MOTHER'S MAIDEN NAME SARA H. BEAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Burns to Burns			ADDRESS Burns to Burns		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dunsen		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burns	24B. DATE 4-29-52	24C. NAME OF CEMETERY OR CREMATORY St Marys	24D. LOCATION (City, town, or county) (State) Burns to Burns
DATE RECEIVED BY LOCAL HEALTH DEPT. APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Howard	

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

NO. 1234

TO: THE SECRETARY, DEPARTMENT OF AGRICULTURE
FROM: THE SECRETARY, DEPARTMENT OF AGRICULTURE
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

534

52

3981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52

3981

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE WENDEL - WIndEL

2. DATE
OF
DEATH

APRIL 23-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Lutheran Hosp.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*LUTHERAN Hosp. Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*MD.**BALT.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*BALT.**25-06*

D. STREET ADDRESS (If rural, give location)

1737 PATAPSCO

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M**W**WIDOWED*Yrs.
Mos.
Days

10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

LAVERN. Keeper.

10B. KIND OF BUSINESS OR INDUSTRY

LAVERN Keeper.

13. FATHER'S NAME

*Joseph. Wendel.*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

NONE

8. DATE OF BIRTH

10/21/83

9. AGE (In years last birthday)

*68*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

*BALTIMORE*12. CITIZEN OF
WHAT COUNTRY?*USA*

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

BERNARD WENDEL (Son) 1423 HANOVER ST.

CAUSE OF DEATH

18. *260x*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Diabetes Mellitus*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____INTERVAL BETWEEN
ONSET AND DEATH*?*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Diabetic Gangrene Rt. Foot.**3 Mos.*

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *4/21*, 19*52* to *4/23*, 19*52* that I last saw the deceased alive on *4/23*, 19*52*. and that death occurred at *3:40 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

William O. Barnett

M. D.

23B. ADDRESS

Lutheran Hosp of Md.

23C. DATE SIGNED

April 23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

4-28-52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

Cap. L. L. Lacey

ADDRESS

290 6th 136 E. Fort Ave.

BIRTH NO.

52 3982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 3982

1. NAME OF DECEASED
(Type or Print)

MARGARET E. BITZEL

2. DATE
OF
DEATH

4/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai Hospital

Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

16-01

D. STREET ADDRESS (If rural, give location)

1409 Bloomingdale Rd.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSE

10B. KIND OF BUSINESS OR INDUSTRY

Nurse

13. FATHER'S NAME

Philip P. Bitzel

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Barbara

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs John C. Burdette, 2913 Mosher St.

18.

200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Lymphosarcoma generalized

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Lymphosarcoma of Thyroid gland

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Perforation of small bowel

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (a. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 4/21, 1952 to 4/24, 1952, that I last saw the deceased alive on 4/23, 1952, and that death occurred at 12:48 am., from the causes and on the date stated above.

23A. SIGNATURE

Mrs J. Muller

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

4/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.

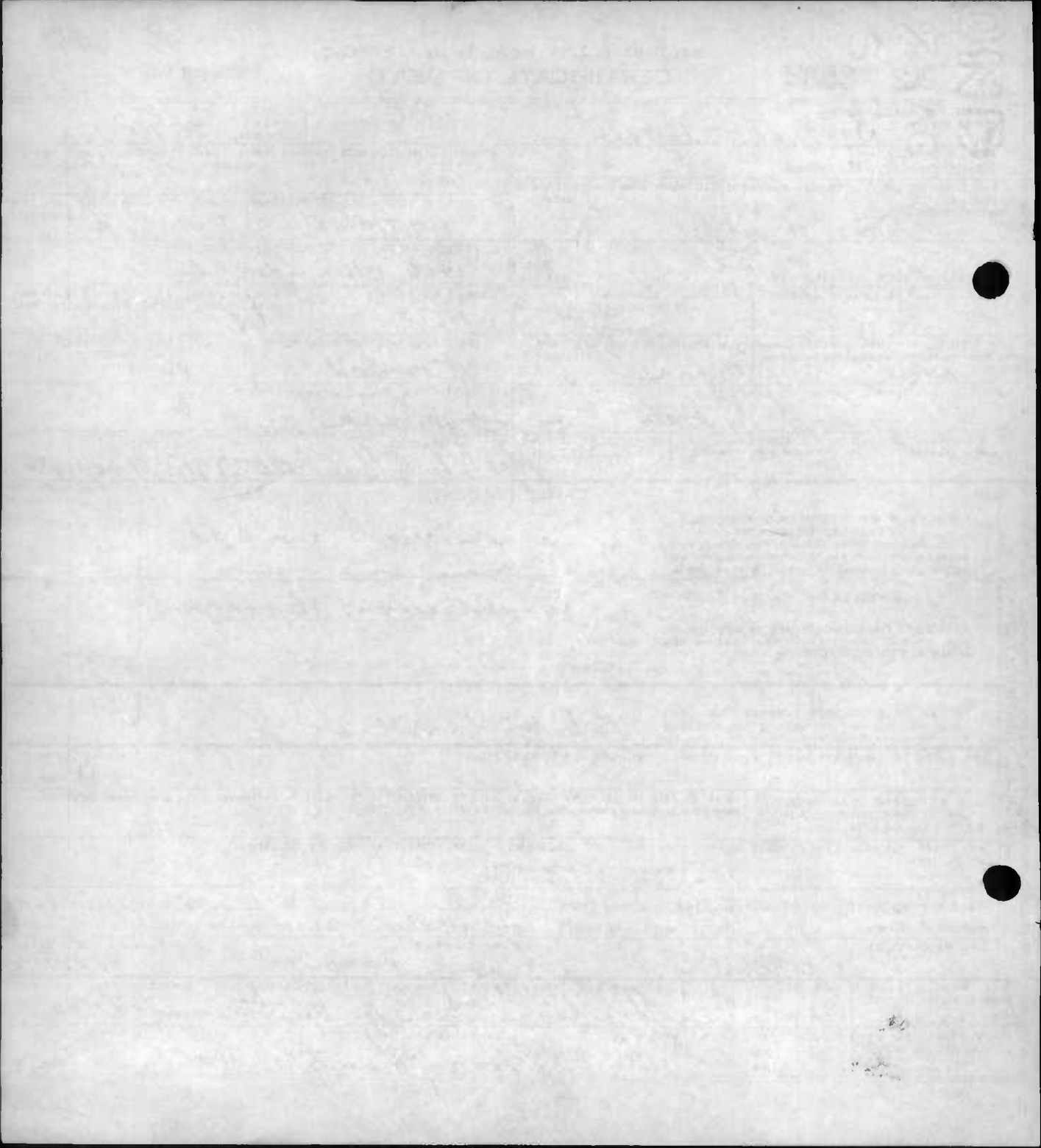
Harry F. Witzke, 4101 Edmondson

VS 150

0588T

au

MEDICAL CERTIFICATION



4 B-413
52 3983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3983
Registered No.

BIRTH NO. 52 3983

1. NAME OF DECEASED (Type or Print) **FRANK BELBOT**

2. DATE OF DEATH **April 23, 1962**

3. PLACE OF DEATH:
a. Baltimore City, Maryland **Balt. Md.**

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)
a. STATE **Maryland**
c. CITY OR TOWN **Baltimore 16-08**
d. STREET ADDRESS (If rural, give location) **1215 Wildwood Pkwy.**

5. FULL NAME OF HOSPITAL OR INSTITUTION **48 Maryland General Hosp.**
length of stay in Baltimore **3 yrs.**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Jan. 25/94**

9. AGE (in years last birthday) **5-8**

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer**

10a. KIND OF BUSINESS OR INDUSTRY **Style Plus Clothing**

11. BIRTHPLACE (State or foreign country) **Poland**

12. CITIZEN OF WHAT COUNTRY? **Poland**

13. FATHER'S NAME **Frank Belbot**

14. MOTHER'S MAIDEN NAME **Eugene Zech**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO. **163 X 1**

17. INFORMANT **Anna Belbot**

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Stomachic Left Lung 1 day**

18. ANTECEDENT CAUSES (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Cardiac Failure 1 day**

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Emphysema of Lung Rt.**

19a. DATE OF OPERATION **4/22/52**

19b. MAJOR FINDINGS OF OPERATION **Rt. Pneumectomy - Ca.**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Ca.**

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Ca.**

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY **4/23/52**

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? **Ca.**

22. I hereby certify that I attended the deceased from **4/23/52**, 1952 to **4/23/52**, 1962 that I last saw the deceased alive on **4/23/52**, 1962 and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Anthony C. Verrone M.D.**

23b. ADDRESS **Maryland Gen Hosp.**

23c. DATE SIGNED **4/23/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 26/52**

24c. NAME OF CEMETERY OR CREMATORY **New Cathedral Bldg. Md.**

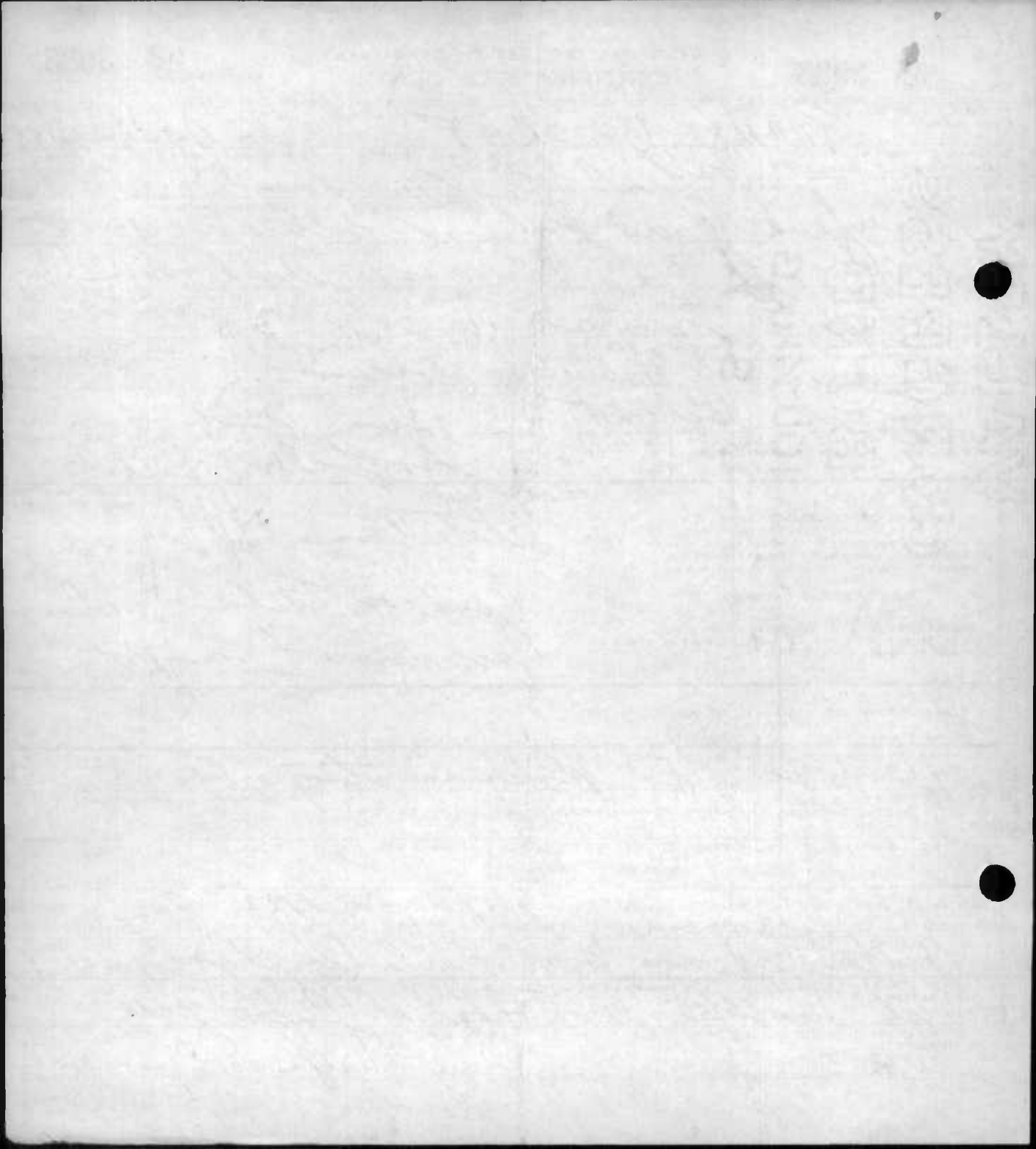
24d. LOCATION (City, town, or county) (State) **Baltimore Md.**

DATE RECEIVED BY LOCAL REGISTRAR **25/52**

REGISTRAR'S SIGNATURE **H. H. Williams**

25. FUNERAL DIRECTOR **Harry H. Wintle**

ADDRESS **4101 Edmondson Ave**



430
52 3984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3984
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mrs Fuld, Hanna</i>		2. DATE OF DEATH <i>4-23-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Leisure Home Belvedere and Improving</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt Md 15-10</i>	
C. Length of stay in Baltimore <i>70 years</i>		D. STREET ADDRESS (If rural, give location) <i>3852 Dogfield Blvd</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 28, 1862</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: Days: <i>89 7 26</i>
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Isidore Fuld</i>		14. MOTHER'S MAIDEN NAME <i>Jetta Stern</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	
17. INFORMANT <i>Mrs Jeannette Kloss</i>		ADDRESS <i>3852 Dogfield Blvd</i>	
18. <i>443 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Chronic hypertensive cardio vascular disease</i> DUE TO (B) <i>/</i> DUE TO (C) <i>.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Cerebral arteriosclerosis</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-23, 1949</i> , to <i>4-23, 1952</i> , that I last saw the deceased alive on <i>4-23, 1952</i> , and that death occurred at <i>1:50 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Jerome J. Blumberg</i>		23B. ADDRESS <i>Levin Dale House</i>	
23C. DATE SIGNED <i>4-23-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>4/27/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Trust Ship</i>	24D. LOCATION (City, town, or county) (State) <i>Phila Pa Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 25 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mr. David R. Martin</i>	
REGISTERAR'S SIGNATURE <i>Huntington Williams, Mr.</i>		ADDRESS <i>1902 Entaw place</i>	

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. The text appears to be a letter or document.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3985**

BIRTH NO. **362**
52 3985

1. NAME OF DECEASED (Type or Print) INEZ LEVY WATERS		2. DATE OF DEATH April 23, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 608 N. Baker Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 11/14/26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		9. AGE (In years last birthday) 25	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Ernest Levy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Bessie Smith	
16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Bessie Levy 606 Baker St.	

CAUSE OF DEATH

18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia, right lower lobe DUE TO (A) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Loefer</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED April 24, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/28/52	24C. NAME OF CEMETERY OR CREMATORY Balto. National
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>
V S 151	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3986**

340
3986
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA LORETTA KIDWELL			2. DATE OF DEATH APRIL 23, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 403 SOUTHWAY			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 12-07		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 403 SOUTHWAY		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 31, 1900	9. AGE (In years last birthday) 51	10. Under 1 Year Months: 7 Days: 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME JAMES BURNS.			12. BIRTHPLACE (State or foreign country) BALTIMORE, MD.		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			14. SOCIAL SECURITY NO.		
15. MOTHER'S MAIDEN NAME ANNA MORAN			16. CITIZEN OF WHAT COUNTRY? U.S.A.		
17. INFORMANT I.M. KIDWELL			ADDRESS 403 SOUTHWAY		

<p>18. 443X I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) BRONCHO-PNEUMONIA</p> <p align="center">DUE TO</p> <p>(B) APOPLEXY</p> <p align="center">DUE TO</p> <p>(C) HYPERTENSIVE CARDIO - VASCULAR DISEASE</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>5 DAYS.</p> <p>8 YEARS.</p> <p>8 YEARS.</p>
--	---	---

19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **FEB. 6, 1952**, to **APRIL 23, 1952**, that I last saw the deceased alive on **4-23-1952**, and that death occurred at **9:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Arthur Karfain	23B. ADDRESS 4230 HOCH RAVEN BLVD.	23C. DATE SIGNED 4-23-52
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Apr. 26, 1952	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. Vernon Lemon	ADDRESS 4611 Park Heights Ave
--	---	--	---

3700

50

179

THE UNIVERSITY OF CHICAGO

100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3987
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CLINTON EICHELBERGER		2. DATE OF DEATH 4-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Maryland COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3732 Old Frederick Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3732 Old Frederick Road		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m married	8. DATE OF BIRTH June 30, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME George C. Eichelberger		14. MOTHER'S MAIDEN NAME Martha J. Baldwin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Marian A. Eichelberger		ADDRESS 3732 Old Fred. Road	

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 199.9 Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH several mo.
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma, primary site undet.		?
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1952 to April, 1952 , that I last saw the deceased alive on 4-24 , 1952, and that death occurred at 3:00 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Ruth Bleier		23B. ADDRESS 1801 W. Baltimore St.		23C. DATE SIGNED 4-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 4/28/52		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery	
		24D. LOCATION (City, town, or county) Dorsey,		(State) Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
				ADDRESS 1217 St. Paul Street	

56424

MEDICAL CERTIFICATION

THE HOUSE OF COMMONS
IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

THE HOUSE OF COMMONS

IN PARLIAMENT ASSEMBLED

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3988**

BIRTH NO. 530 3988		1. NAME OF DECEASED (Type or Print) Frank M. Kennedy		2. DATE OF DEATH April 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1715 N. Calvert Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1715 N. Calvert Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 30, 1881		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer - Ret.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore County, Maryland	
13. FATHER'S NAME Peter Kennedy		14. MOTHER'S MAIDEN NAME Margaret Elwood		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. 215-05-0259	17. INFORMANT ADDRESS Margaret Kennedy, 1715 N. Calvert Street			

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Multiple Sclerosis DUE TO (C) Arterio Sclerosis	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 2, 1951, to Apr 24, 1952, that I last saw the deceased alive on Apr 23, 1952, and that death occurred at 8:4 m., from the causes and on the date stated above.

23A. SIGNATURE Frank Fisher		23B. ADDRESS 3422 Belair Rd.		23C. DATE SIGNED 4/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 4/26/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul St.	

51324

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3989**

200
3989
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Michael M. Reese		2. DATE OF DEATH 4/24/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2524 E. Hoffman St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 8-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2524 E. Hoffman St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/21/902-50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lather		10B. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (State or foreign country) Balto, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME August F. Reese		14. MOTHER'S MAIDEN NAME Kuniqunda Selz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-10-5074	
17. INFORMANT Geo. Smith		ADDRESS 1719 N. Chalk St	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) tuberculosis, pulmonary		INTERVAL BETWEEN ONSET AND DEATH undetermined
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 22 April , 19 52 , to 24 April , 19 52 , that I last saw the deceased alive on 24 April , 19 52 , and that death occurred at 3 P. m., from the causes and on the date stated above.		
23A. SIGNATURE Huntington Williams, M.D.	23B. ADDRESS 1513 N. M. 11th Ave	23C. DATE SIGNED 25 April 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 4/28/52	24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Church
24D. LOCATION (City, town, or county) Fullerton Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cox Inc.
ADDRESS 1217 St. Paul St.		

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3990
Registered No. _____

300
52 3990
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Cora E. Howett</i>		2. DATE OF DEATH <i>4/24/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>6308 Everall Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>27-05</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>6308 Everall Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/6/1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (in years last birthday) <i>84</i>
13. FATHER'S NAME <i>Adam Martin</i>		12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) <i>Huntingdon Co. Pa.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Mary (Unknown)</i>	
16. SOCIAL SECURITY NO. _____		12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) <i>Huntingdon Co. Pa.</i>	

18. <i>4700</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Anteriosclerotic heart Disease</i> DUE TO (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>20 yr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Secondary anemia, severe</i> <i>5 yr.</i>	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 18, 1950* to *April 24, 1952*, that I last saw the deceased alive on *April 23, 1952*, and that death occurred at *4 p.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Adam Glavis</i>	23B. ADDRESS <i>6222 Belair Rd</i>	23C. DATE SIGNED <i>April 25, 1952</i>
24A. BURIAL, CREMATORY, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>4/25/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Presbyterian Williamsburg Pa</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>APR 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>FOR Inc. 1217 St. Paul St.</i>

NEW YORK AND HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 3991

BIRTH NO. 200 3991

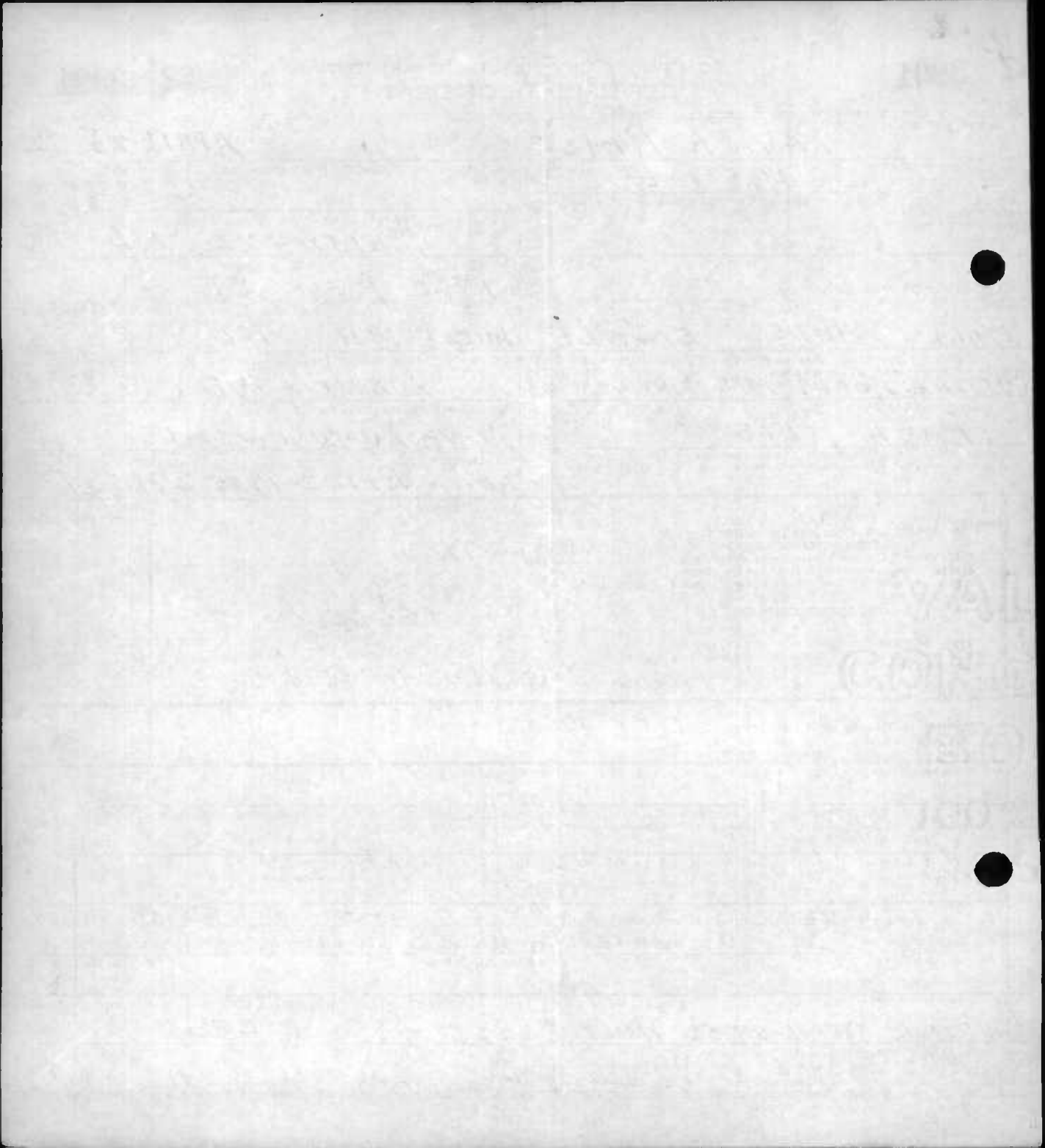
1. NAME OF DECEASED (Type or Print) <u>PAUL A REISS</u>		2. DATE OF DEATH <u>APRIL-25-52</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>1725 BEAT ST</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>MD</u> B. COUNTY <u>24-04</u>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE MD</u>	
c. Length of stay in Baltimore <u>40</u> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <u>1725 BEAT ST</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG-4-1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CUTTING ROOM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US PRINTING CO</u>	9. AGE (In years last birthday) <u>40</u>
11. BIRTHPLACE (State or foreign country) <u>BAL TO MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13. FATHER'S NAME <u>PAUL REISS</u>		14. MOTHER'S MAIDEN NAME <u>ANNA HUMULOWSKI</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>ANNA REISS-1725 BEAT ST</u>		ADDRESS <u>—</u>	

<p>18. <u>590x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <u>Uræmia</u></p> <p>DUE TO</p> <p>(B) <u>Acute Nephritis -</u></p> <p>DUE TO</p> <p>(C) <u>Hypertension - Atherosclerosis</u></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
	<p>19a. DATE OF OPERATION <u>—</u></p> <p>19b. MAJOR FINDINGS OF OPERATION <u>—</u></p>	
	<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21d. TIME (Month) (Day) (Year) (Hour) INJURY <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>4/5</u> , to <u>4/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/24</u> , 19 <u>52</u> , and that death occurred at <u>10:00</u> a. m., from the causes and on the date stated above.					
23a. SIGNATURE <u>—</u>		23b. ADDRESS <u>—</u>		23c. DATE SIGNED <u>—</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY CROSS</u>		24d. LOCATION (City, town, or county) (State) <u>A A Co</u>	
DATE RECEIVED BY REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>				25. FUNERAL DIRECTOR <u>Bernard C Horle</u> ADDRESS <u>121 E West St</u>			

MEDICAL CERTIFICATION



412
2 3992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 3992
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ROSE M. PHELPS		2. DATE OF DEATH APRIL 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 27-10			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 60 6000 BELLONA AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.			
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 901 WINSTON AVE.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 16, 1857	9. AGE (In years last birthday) 95	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME WILLIAM F. KUSSMAUL		14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS HOWARD E. KUSSMAUL ABOVE	
18. 4500 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Sanctity (A) DUE TO Anterio-sclerosis (B) DUE TO None (C)		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH in		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY no		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from March , 19 52 , to April , 19 52 , that I last saw the deceased alive on April 22, 1952 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Street		23B. ADDRESS 712 Park Ave		23C. DATE SIGNED 25 April 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 4-26-1952		24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR ADDRESS H. W. JENKINS & Sons Co. 4905 York Rd.			

DR CORBIN STREET
712 PARK AVE.

543 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT

52 3993

BIRTH NO. 3993 52-08333

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Hammond</i>		2. DATE OF DEATH <i>Apr. 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>BALT</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Reisterstown</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>5300</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-9-52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>192</i>
11. BIRTHPLACE (State or foreign country) <i>Ind</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Nathan Hammond</i>		14. MOTHER'S MAIDEN NAME <i>Louise</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oookooow)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>776 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Respiratory</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Respiratory</i>	INTERVAL BETWEEN ONSET AND DEATH
--	--------------------------------------	----------------------------------

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4/9</i> , 1952, to <i>4/10</i> , 1952, that I last saw the deceased alive on <i>4/10</i> , 1952, and that death occurred at <i>4</i> a.m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Richard M. Plis</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>4. 16. 52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Forest Burial</i>
24D. LOCATION (City, town, or county)		(State)

DATE RECEIVED BY LOCAL REGISTRAR <i>APR 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>3991</i>	ADDRESS
--	---	-------------------------------------	---------

MEDICAL CERTIFICATION

DECLARATION OF INTEREST

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1912

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

ON MAY 1, 1911

AND A RESOLUTION

PASSED BY THE SENATE

ON MAY 1, 1911

AND A RESOLUTION

PASSED BY THE SENATE

ON MAY 1, 1911

AND A RESOLUTION

PASSED BY THE SENATE

ON MAY 1, 1911

260

52 3994

BIRTH NO. 52-08777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 3994

1. NAME OF DECEASED (Type or Print) Infant of Ida Mae McCrea		2. DATE OF DEATH April 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1315 North Caroline Street - 13		E. LENGTH OF STAY IN BALTIMORE Infant	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH April 9, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	
13. FATHER'S NAME Grover McCrea		14. MOTHER'S MAIDEN NAME Ida Rhodes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Records		ADDRESS	

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)		

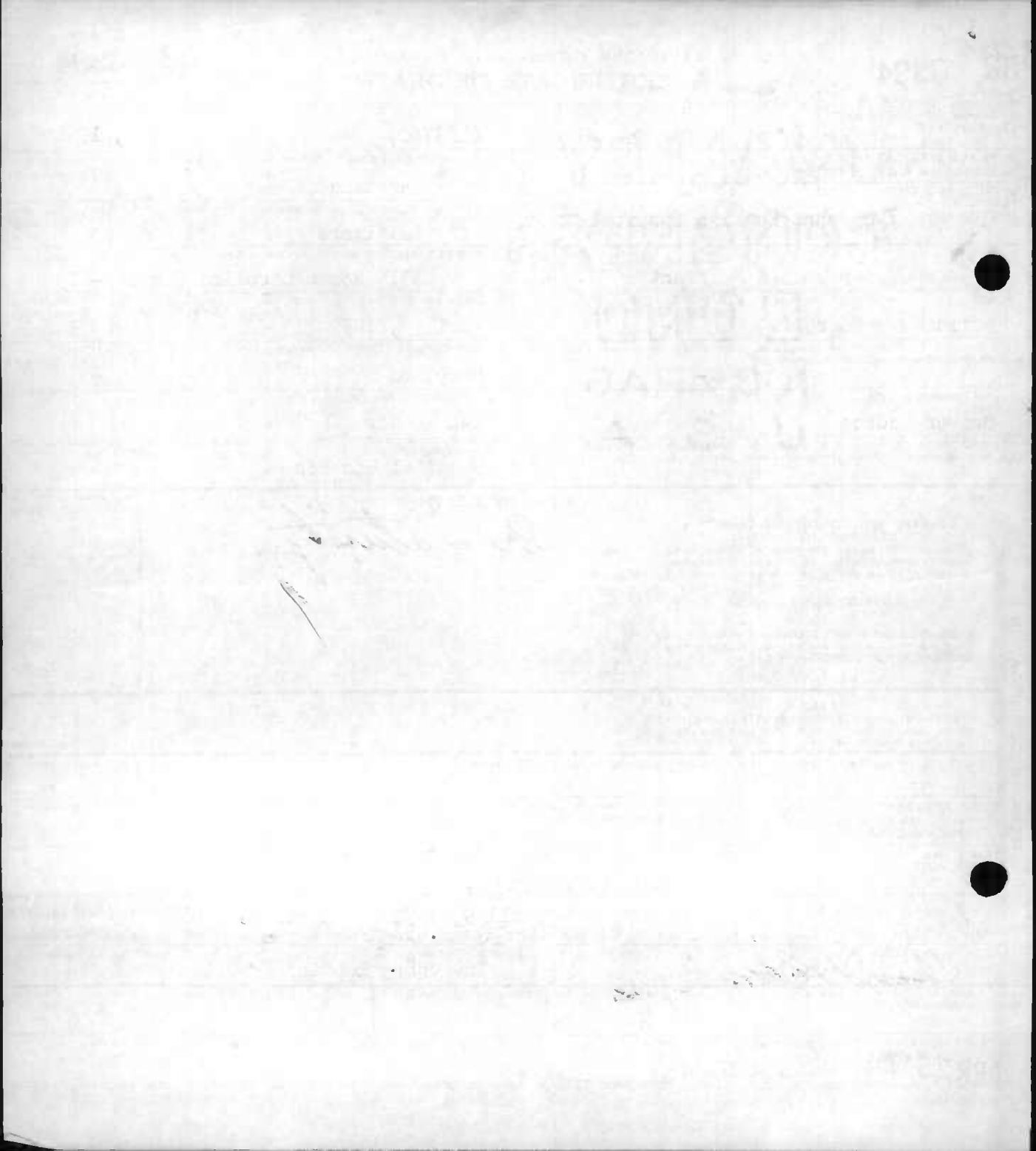
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April 9, 1952, to April 9, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED	
---	--	--	--	------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
---	--	-----------	--	------------------------------------	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR		ADDRESS	
---	--	--	--	----------------------	--	---------	--



AB-157946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3995
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Boyd -Alfreda

2. DATE
OF
DEATH

April 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

923 Bennett Place zone 23

c. Length of stay in Baltimore

6 days (Life)

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 31-1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Tangman

14. MOTHER'S MAIDEN NAME

Alfreda Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 760.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

Life

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31-1952, to 4-5-1952 that I last saw the deceased alive on 4-5-1952, and that death occurred at 8.30A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md.

4-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

4-8-52

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

DATE: 10-10-60

FILE NO. 100-374000

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10-10-60

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 3996**

623
52 3996
BIRTH NO. **52-07934**

1. NAME OF DECEASED (Type or Print) Infant of Mary Creighton			2. DATE OF DEATH April 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
D. Length of stay in Baltimore Infant			O. STREET ADDRESS (If rural, give location) 931 West Franklin Street - 23		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH April 2, 1952	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY -			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Issac James			14. MOTHER'S MAIDEN NAME Mary Weaver		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

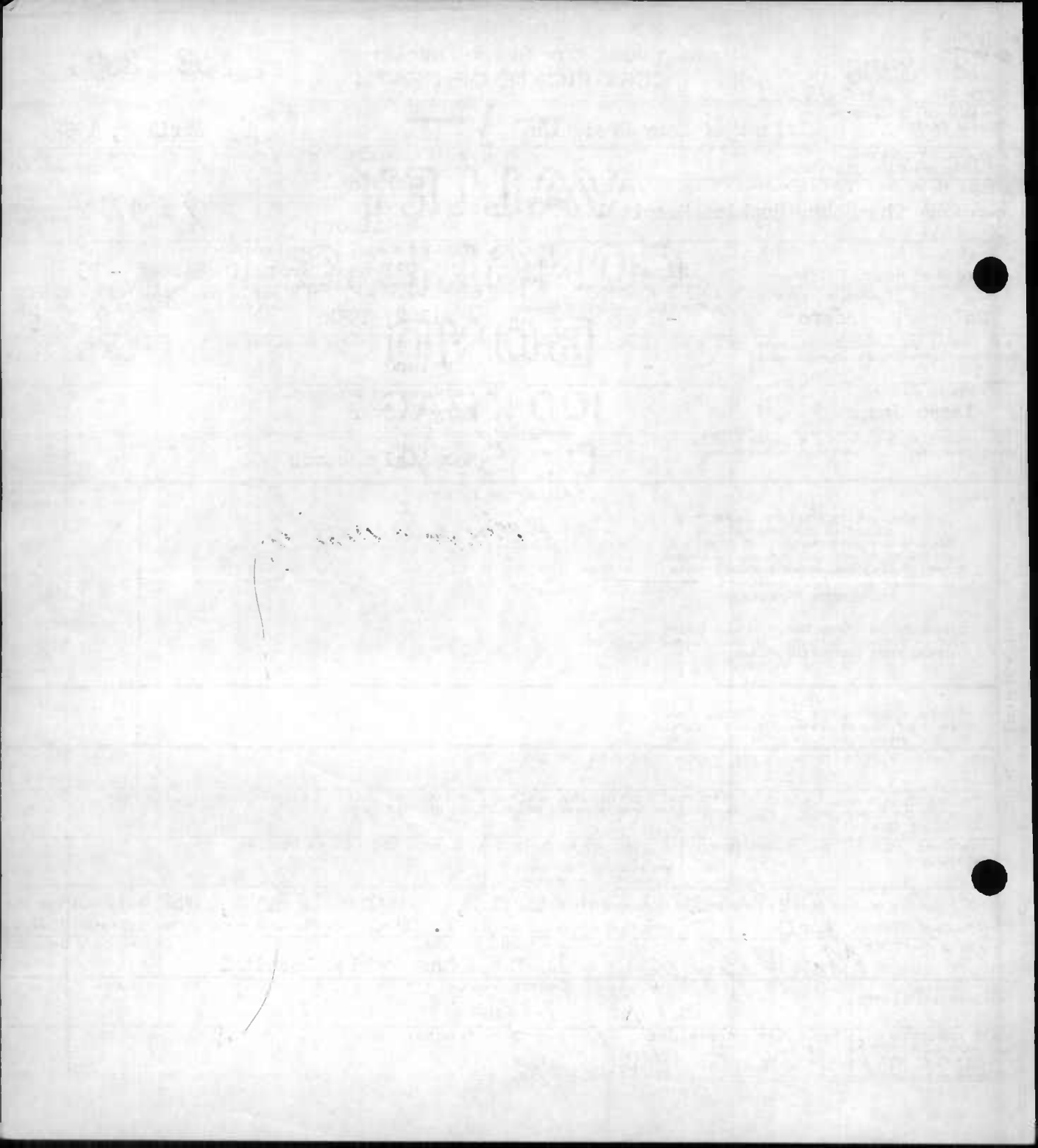
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **April 2, 1952** to **April 2, 1952**, that I last saw the deceased alive on **April 2, 1952**, and that death occurred at **2.30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Robert R. Busby</i>	23B. ADDRESS The Johns Hopkins Hospital	23C. DATE SIGNED
--	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Hope Cemetery</i>	24D. LOCATION (City, town, or county) (State)
---	-----------	--	---

DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR	ADDRESS
--	---	----------------------	---------



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 3997
Registered No.

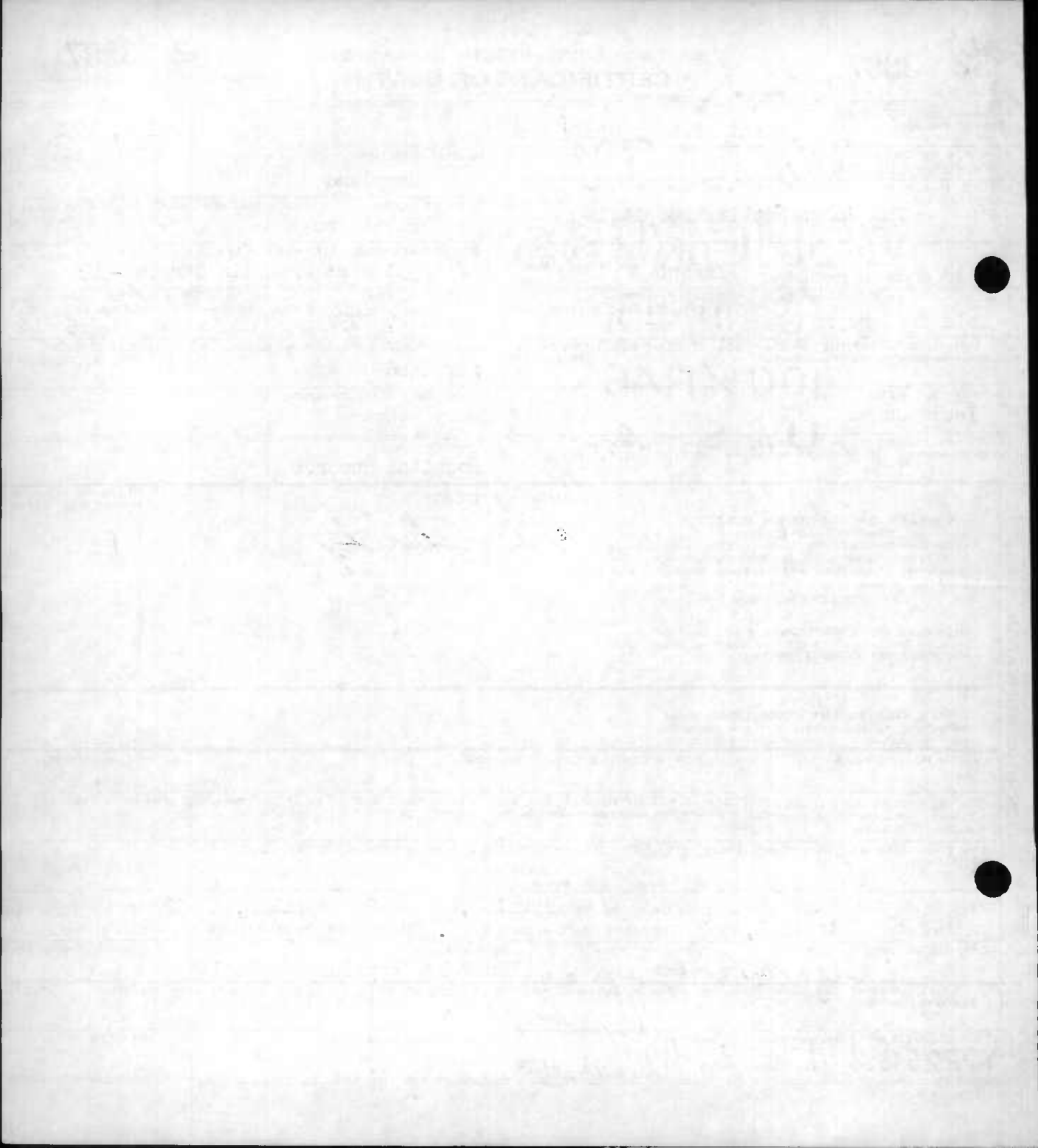
BIRTH NO. 52-07935

1. NAME OF DECEASED (Type or Print) Infant of Mary Creighton			2. DATE OF DEATH April 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 931 West Franklin Street - 23					
5. SEX Male		6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -		8. DATE OF BIRTH April 2, 1952
9. AGE (In years last birthday) 5		10. MONTHS 46		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? -			13. FATHER'S NAME Issac James		
14. MOTHER'S MAIDEN NAME Mary Weaver			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO. -			17. INFORMANT ADDRESS Hospital Records		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 2, 1952</u> to <u>April 2, 1952</u> , that I last saw the deceased alive on <u>April 2, 1952</u> , and that death occurred at <u>5.40 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Hen & T. Buoy</i>		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

500
52-3998

52-06337

52 3998

1. NAME OF DECEASED
(Type or Print)

Infant of Minnie Queen

(596152)

2. DATE
OF
DEATH

March 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1823 West Lexington Street - 23

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

March 16, 1952

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris Queen

14. MOTHER'S MAIDEN NAME

Minnie Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war nr dates of service)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Hospital Records

ADDRESS

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1952 to March 21, 1952, that I last saw the deceased alive on March 21, 1952 and that death occurred at 5:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gen. Busby

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

4/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 25 1952

Huntington Williams, M.D.



J-525
REA-158242BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 3999
Registered No.52 3999
BIRTH NO. 52-08286

1. NAME OF DECEASED (Type or Print) Baby Boy Johnson-Hattie			2. DATE OF DEATH April 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE life			D. STREET ADDRESS (If rural, give location) 33 N. Wheeler Avenue		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Single	8. DATE OF BIRTH April 12, 1952		9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Johnson			14. MOTHER'S MAIDEN NAME Hattie Cavevaugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Life
--	--	---

19A. DATE OF OPERATION 4-12-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-12-52 , to 4-12-52 , that I last saw the deceased alive on 4-12-52 , and that death occurred at 6:55 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE W. B. Hogan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 4-16-1952	24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

55-3988

1. NAME OF DECEASED (Print or Type)		2. PLACE OF DEATH (Print or Type)	
3. SEX OF DECEASED (Print or Type)		4. RACE OF DECEASED (Print or Type)	
5. DATE OF BIRTH (Print or Type)		6. PLACE OF BIRTH (Print or Type)	
7. STREET ADDRESS (Print or Type)		8. CITY OR TOWN (Print or Type)	
9. STATE (Print or Type)		10. ZIP CODE (Print or Type)	
11. DECEASED'S MARITAL STATUS (Print or Type)		12. DECEASED'S OCCUPATION (Print or Type)	
13. DECEASED'S SOCIAL SECURITY NO. (Print or Type)		14. DECEASED'S DATE OF DEATH (Print or Type)	
15. DECEASED'S PLACE OF DEATH (Print or Type)		16. DECEASED'S CAUSE OF DEATH (Print or Type)	

17. DECEASED'S CAUSE OF DEATH (Print or Type)		18. DECEASED'S PLACE OF DEATH (Print or Type)	
19. DECEASED'S CAUSE OF DEATH (Print or Type)		20. DECEASED'S PLACE OF DEATH (Print or Type)	
21. DECEASED'S CAUSE OF DEATH (Print or Type)		22. DECEASED'S PLACE OF DEATH (Print or Type)	

23. DECEASED'S CAUSE OF DEATH (Print or Type)		24. DECEASED'S PLACE OF DEATH (Print or Type)	
25. DECEASED'S CAUSE OF DEATH (Print or Type)		26. DECEASED'S PLACE OF DEATH (Print or Type)	
27. DECEASED'S CAUSE OF DEATH (Print or Type)		28. DECEASED'S PLACE OF DEATH (Print or Type)	
29. DECEASED'S CAUSE OF DEATH (Print or Type)		30. DECEASED'S PLACE OF DEATH (Print or Type)	
31. DECEASED'S CAUSE OF DEATH (Print or Type)		32. DECEASED'S PLACE OF DEATH (Print or Type)	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 4000**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lloyd, Lydia E.		2. DATE OF DEATH 4/24/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission): A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05	
D. STREET ADDRESS (If rural, give location) Church Home & Hospital (Hond)		5. LENGTH OF STAY IN BALTIMORE 62	
6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/10/72	9. AGE (In years last birthday) 79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inmate of Home	10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Wesley Lloyd		14. MOTHER'S MAIDEN NAME Margarette Ellis, England	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) no	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs Dorothy W. Selfish	

18. 4200 and 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary occlusion	CAUSE OF DEATH (A) coronary occlusion DUE TO (B) art. sclerotic heart disease DUE TO (C) —	INTERVAL BETWEEN ONSET AND DEATH —
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. —		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of Urinary Bladder		
19A. DATE OF OPERATION —	19B. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from **July 1, 1951**, 19**—**, to **4/24/52**, 19**—**, that I last saw the deceased alive on **4/24/52**, 19**—**, and that death occurred at **1:00** p.m., from the causes and on the date stated above.

23A. SIGNATURE Joseph H. D'Astous	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 4/24/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE April 26/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town, or county) (State) Baltimore Maryland	25. FUNERAL DIRECTOR Loring Myers 5005 Pk. Hyattsville	
DATE RECEIVED BY LOCAL REGISTRAR APR 25 1952		REGISTRAR'S SIGNATURE Huntington Williams

4000